

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J91544

FILED  
Apr 27, 2010  
Secretary of State

**Entity Name:** HALLANDALE ARTIFICIAL KIDNEY CENTER, INC.

**Current Principal Place of Business:**

2655 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33020 US

**New Principal Place of Business:**

**Current Mailing Address:**

7061 CYPRESS ROAD  
SUITE 104  
PLANTATION, FL 33317 US

**New Mailing Address:**

**FEI Number:** 65-0012771      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURRIER, VICKI  
7061 CYPRESS ROAD  
SUITE 104  
PLANTATION, FL 33317 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** ZEIG, STEVEN  
**Address:** 3700 WASHINGTON STREET, #203  
**City-St-Zip:** HOLLYWOOD, FL 33021

**Title:** PD  
**Name:** SPIRA, BRENDA  
**Address:** 7061 CYPRESS ROAD, SUITE 104  
**City-St-Zip:** PLANTATION, FL 33317

**Title:** SD  
**Name:** BURRIER, VICKI  
**Address:** 7061 CYPRESS ROAD, SUITE 104  
**City-St-Zip:** PLANTATION, FL 33317

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VICKI BURRIER

SD

04/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date