

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J92777** (8)

1. Corporation Name

FORT LAUDERDALE RENAL ASSOCIATES, INC.



Principal Place of Business

Mailing Address

% HUMBERTO J. ANICAMA
6264 NORTH FEDERAL HIGHWAY
FT LAUDERDALE FL 33308

% HUMBERTO J. ANICAMA
6264 NORTH FEDERAL HIGHWAY
FT LAUDERDALE FL 33308

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/14/1987

3a. Date of Last Report

03/31/1995

4. FET Number

65-0003683

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

ANICAMA, HUMBERTO J.
6264 N FEDERAL HWY
FT LAUDERDALE FL 33308

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person filing this report (must be signed by the filer)

Signature of Registered Agent (must be signed by the agent)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE ☐ DELETE

NAME
ANICAMA, HUMBERTO J.
STREET ADDRESS
6264 N FEDERAL HWY
CITY-STATE-ZIP
FT LAUDERDALE FL

11.2 TITLE ☐ DELETE

NAME
LAZAR, IRA
STREET ADDRESS
6264 N FEDERAL HWY.
CITY-STATE-ZIP
FT LAUDERDALE FL

11.3 TITLE ☐ DELETE

NAME
DS
STREET ADDRESS
6264 N FEDERAL HWY.
CITY-STATE-ZIP
FT. LAUDERDALE FL

11.4 TITLE ☐ DELETE

NAME
ASHWIN, PATEL
STREET ADDRESS
6264 N FEDERAL HWY.
CITY-STATE-ZIP
FT. LAUDERDALE FL

11.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

11.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

11.7 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-STATE-ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-STATE-ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-STATE-ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-STATE-ZIP

13.25 TITLE ☐ Change ☐ Addition

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY-STATE-ZIP

13.29 TITLE ☐ Change ☐ Addition

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY-STATE-ZIP

14. I, the filer, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ashwin Patel Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96

(305)-776-3791

CR2E034 (12/95)