## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra 8. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # J92777** 

(8)

FORT LAUDERDALE RENAL ASSOCIATES, INC.

Principal Place of Business Mailing Address % HUMBERTO J. ANICAMA % HUMBERTO J. ANICAMA 6264 NORTH FEDERAL HIGHWAY 6264 NORTH FEDERAL HIGHWAY FT LAUDERDALE FL 33308-1804 FT LAUDERDALE FL 33308 Date Incorporated or Qualified 3a. Date of Last Report 09/14/1987 02/27/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0003683 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 26 Zip Country Country This corporation has liability for intangible tax under s. 199.032, Zip Yes No 24 29 30 Florida Statutes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ANICAMA, HUMBERTO J. 6264 N FEDERAL HWY 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33308 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. DP DELETE Change Addition TITLE 1.1 TITUE ANICAMA, HUMBERTO J. CR2E034 1.2 NAME NAME 6264 N FEDERAL HWY 1.3 STREET ADDRESS STREET ADORESS FT LAUDERDALE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DVP DELETE Change Addition 2.1 TITLE TITLE LAZAR, IRA 2.2 NAME NAME 6264 N FEDERAL HWY. STREET ADDRESS 2.3 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition DS 3.1 TITLE TITLE ASHWIN, PATEL NAME 3.2 NAME 6264 N FEDERAL HWY. 3.3 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 5 1 TITLE TITL F NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE Change Addition 6 1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP

SIGNATURE:

CITY - ST - ZIP

SIGNATURE A

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

**FILED** 

Jan 29 1997 8:00am

Secretary of State