


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 08, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90357 013 \*\*\*150.00

<b>DOCUMENT #</b> J96458	
1. Entity Name GULF COAST KIDNEY CENTER, INC.	

Principal Place of Business 4802 GRAND BBLVD. NEW PORT RICHEY FL 34652	Mailing Address 4802 GRAND BBLVD. NEW PORT RICHEY FL 34652
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**55053636**

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State	City & State
Zip	Country

4. FEI Number <b>59-2855378</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  WU FEN-FEN 4802 GRAND BLVD. NEW PORT RICHEY FL 34652
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! - FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROTTMAN, MICHAEL 19559 NE 10TH AVE N MIAMI BEACH FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERNANDEZ, ARTURO 19559 NE 10TH AVE N MIAMI BEACH FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JACOB, ALLAN 19559 NE 10TH AVE N MIAMI BEACH FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Delete

12. I 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 in this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director, receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or 11.

SIGNATURE: Arturo Fernandez VICE PRESIDENT 7/10/03 305-651-3261

*Attachment*

**GULF COAST KIDNEY CENTER, INC.**

4802 Grand Boulevard  
New Port Richey, FL. 34652  
(305) 651-3261  
(800) 527-0873  
Fax: (305) 651-2961

*55053036*  
*#J96458*

July 10, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

~~Re: Late Fee Waiver for Gulf Coast Kidney Center, Inc.~~

Dear Sir or Madam:

I am writing this letter to request a waiver of the \$400 late fee in connection with the 2003 Uniform Business Report for Gulf Coast Kidney Center, Inc., FEI Number 59-2855378.

This request is based on the fact that the corporation has no record of having received the prior report, and, therefore, it was unable to make the filing and associated payment timely.

Your consideration and help on this matter is greatly appreciated.

If you have any questions or need additional information, please do not hesitate to contact me at (305) 651-3261.

Sincerely,

*Arturo Fernandez*

Arturo J. Fernandez  
Vice President