## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L31960

FILED Apr 23, 2004 Secretary of State

Entity Name: PEMBROKE PINES ARTIFICIAL KIDNEY CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

601 FLAMINGO RD 601 NORTH FLAMINGO ROAD

#109 SUITE 109

PEMBROKE PINE, FL 33028 US PEMBROKE PINES, FL 33328 US

Current Mailing Address: New Mailing Address:

7061 CYPRESS RD 7061 CYPRESS ROAD

STE 104 SUITE 104

PLANTATION, FL 33317 US PLANTATION, FL 33317 US

FEI Number: 65-0165597 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BURRIER, VICKI

7061 CYPRESS RD

7061 CYPRESS ROAD

STE 104 SUITE 104

PLANTATION, FL 33317 US PLANTATION, FL 33317 US

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: 04/23/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS ( ) Delete Title: DS (X) Change ( ) Addition

Name:BURRIER, VICKI,Name:BURRIER, VICKI,Address:7061 CYPRESS RD STE 104Address:7061 CYPRESS ROAD, SUITE 104

City-St-Zip: PLANTATION, FL 33317 City-St-Zip: PLANTATION, FL 33317

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition Name: SPIRA, LAWRENCE R., Name: SPIRA, LAWRENCE R.,

Address: 7061 CYPRESS RD STE 104 Address: 7061 CYPRESS ROAD, SUITE 104

City-St-Zip: PLANTATION, FL 33317 City-St-Zip: PLANTATION, FL 33317

Title: DVP ( ) Delete Title: DVP (X) Change ( ) Addition

Name: ZEIG, STEVEN, Name: ZEIG, STEVEN,

Address: 3750 WASHINGTON ST Address: 3700 WASHINGTON STREET, # 203

City-St-Zip: HOLLYWOOD, FL City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VICKI BURRIER DS 04/23/2004