

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L31960

**FILED**  
**Feb 22, 2012**  
**Secretary of State**

**Entity Name:** PEMBROKE PINES ARTIFICIAL KIDNEY CENTER, INC.

**Current Principal Place of Business:**

12145 PEMBROKE ROAD  
PEMBROKE PINES, FL 33025 US

**New Principal Place of Business:**

**Current Mailing Address:**

7061 CYPRESS ROAD  
SUITE 104  
PLANTATION, FL 33317 US

**New Mailing Address:**

1299 E COMMERCIAL BLVD  
SUITE 200  
OAKLAND PARK, FL 33334 US

**FEI Number:** 65-0165597

**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:**

BURRIER, VICKI  
1299 E COMMERCIAL BLVD  
SUITE 200  
OAKLAND PARK, FL 33334 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:

02/22/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DS  
Name: BURRIER, VICKI  
Address: 1299 E COMMERCIAL BLVD SUITE 200  
City-St-Zip: OAKLAND PARK, FL 33334

Title: DP  
Name: SPIRA, BRENDA  
Address: 1299 E COMMERCIAL BLVD SUITE 200  
City-St-Zip: OAKLAND PARK, FL 33334

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

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: SANDRA R MIRANDA

ACCT

02/22/2012

Electronic Signature of Signing Officer or Director

Date