

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAY -6 AM 11:36

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # L97000000587

MIAMI ARTIFICIAL KIDNEY CENTER, L.C.
C/O KRU MEDICAL VENTURES
7061 CYPRESS ROAD SUITE 104
PLANTATION FL 33317

1a. Principal Place of Business Address

C/O KRU MEDICAL VENTURES
7061 CYPRESS ROAD SUITE 104
PLANTATION FL 33317

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

05/29/1997

FL

4. FEI Number

65-0755761

☐ Applied For

☐ Not Applicable

5. Date of Last Report

N/A

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

KRAMER, ROBERT M ESQ
KRAMER, GREEN, ZUCKERMAN & KAHN, P.A
4000 HOLLYWOOD BLVD SUITE 485 SOUTH
HOLLYWOOD FL 33021

Name

BURRIER, VICKI

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

7061 CYPRESS ROAD

Suite, Apt. #, etc.

SUITE 104

City

PLANTATION

Zip Code

FL

33317-2243

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

Vicki Burrier

DATE

4/28/98

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM

MSR

MEM

MIAMI DIALYSIS CENTER,

7061 CYPRESS ROAD SUITE 104

PLANTATION FL

LOEWENHERZ, JAMES

9000 S.W. 87TH COURT

MIAMI, FL 33176

200002521432-0

-05/13/98-01016-002

****188.75 ****188.75

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Vicki Burrier

4/28/98

954-474-7701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #