

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L97000000587

1. Entity Name
MIAMI ARTIFICIAL KIDNEY CENTER, L.C.

00 APR 18 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O KRU MEDICAL VENTURES 7061 CYPRESS ROAD SUITE 104 PLANTATION FL 33317	Mailing Address C/O KRU MEDICAL VENTURES 7061 CYPRESS ROAD SUITE 104 PLANTATION FL 33317-2243
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2. Principal Place of Business 9175 SW 87TH AVE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

MM

DO NOT WRITE IN THIS SPACE

City & State MIAMI, FLORIDA	City & State
Zip 33176	Country USA

4. FEI Number 65-0755761	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BURRIER, VICKI 7061 CYPRESS RD., SUITE 104 PLANTATION FL 33317

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MIAMI DIALYSIS CENTER, INC. 7061 CYPRESS ROAD SUITE 104 PLANTATION FL 33317 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEM LOEWENHERZ, JAMES 9000 SW 87TH COURT MIAMI FL 33176 <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
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 indicated on this 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.

SIGNATURE: <u>SIGNATURE REQUIRED</u>	Date <u>4/11/00</u>	Daytime Phone # <u>954 474 7701</u>
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CR2E083 (9/99)