

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L97000000587**

1. Entity Name

MIAMI ARTIFICIAL KIDNEY CENTER, L.C.

FILED

01 APR -9' AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**9175 SW 87TH AVENUE
MIAMI FL 33176**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0755761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fees Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURRIER, VICKI
7061 CYPRESS RD., SUITE 104
PLANTATION FL 33317**

Name

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

City

FL

Zip Code

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 *Vicki Burrier*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/02/01

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

**700004009127--7
-04/16/01--01005--003
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE
NAME **MGRM**
STREET ADDRESS **MIAMI DIALYSIS CENTER, INC.**
CITY-ST-ZIP **7061 CYPRESS ROAD SUITE 104
PLANTATION FL 33317** ☒ Delete

TITLE
NAME **MGRM** ☐ Change ☒ Addition
STREET ADDRESS **St. Augustine Dialysis Facility Corp.**
CITY-ST-ZIP **7061 Cypress Road, Suite 104
Plantation, FL 33317**

TITLE
NAME **MEM**
STREET ADDRESS **LOEWENHERZ, JAMES**
CITY-ST-ZIP **9000 SW 87TH COURT
MIAMI FL 33176** ☐ Delete

TITLE
NAME **MGR** ☐ Change ☒ Addition
STREET ADDRESS **Vicki Burrier**
CITY-ST-ZIP **7061 cypress Road, Suite 104
Plantation, FL 33317**

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Vicki Burrier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/02/01

Date

954-474-7701

Daytime Phone #

CR2E083 (11/00)