

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000032119

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA KIDNEY AND HYPERTENSION CARE, P.A.

**Current Principal Place of Business:**

911 EAST OAKLAND PARK BLVD  
OAKLAND PARK, FL 33334 US

**New Principal Place of Business:**

**Current Mailing Address:**

911 EAST OAKLAND PARK BLVD  
OAKLAND PARK, FL 33334 US

**New Mailing Address:**

**FEI Number:** 65-1091278

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

AMBA MANAGERMENTS INC.  
30 COMPASS ISLE  
FORT LAUDERDALE, FL 33308 US

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

AMBA MANAGERMENTS LLC.  
30 COMPASS ISLE  
FORT LAUDERDALE, FL 33308 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: BHARAT K GUPTA

01/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: GUPTA, BHARAT K MD  
Address: 911 EAST OAKLAND PARK BLVD  
City-St-Zip: OAKLAND PARK, FL 33334

Title: MGR  
Name: AMBA MANAGEMENT LLC  
Address: 30 COMPASS ISLE  
City-St-Zip: FORT LAUDERDALE, FL 33308

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: BHARAT K GUPTA

DPST

01/13/2011

Electronic Signature of Signing Officer or Director

Date