# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 30, 2004**
**Secretary of State**

DOCUMENT# P02000024913

**Entity Name:** RENAL CAREPARTNERS, INC.

**Current Principal Place of Business:**

14361 COMMERCE WAY
#306
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

14361 COMMERCE WAY
#306
MIAMI LAKES, FL 33016

**New Mailing Address:**

**FEI Number: 04-3637127** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BAUMAN, BRYAN W
1200 BRICKELL AVENUE, SUITE 1720
MIAMI, FL 33131

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

BAUMAN, BRYAN W
1111 BRICKELL AVENUE, SUITE 2150
MIAMI, FL 33131

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: _____ 06/30/2004
Electronic Signature of Registered Agent — Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete
Name: WALLACE, MILTON J
Address: 1200 BRICKELL AVE., #1720
City-St-Zip: MIAMI, FL 33131

Title: CFOD ( ) Delete
Name: LUGO, ORESTES
Address: 14361 COMMERCE WAY, #306
City-St-Zip: MIAMI LAKES, FL 33016

Title: S ( ) Delete
Name: BAUMAN, BRYAN W
Address: 1200 BRICKELL AVE., #1720
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition
Name: WALLACE, MILTON J
Address: 1111 BRICKELL AVE., #2150
City-St-Zip: MIAMI, FL 33131

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: BAUMAN, BRYAN W
Address: 1111 BRICKELL AVE., #2150
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ORESTES LUGO CFO 06/30/2004
Electronic Signature of Signing Officer or Director — Date