## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000024913

Entity Name: RENAL CAREPARTNERS, INC.

FILED Apr 26, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

14361 COMMERCE WAY #306 MIAMI LAKES, FL 33016

Current Mailing Address: New Mailing Address:

14361 COMMERCE WAY #306 MIAMI LAKES, FL 33016

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

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

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

BAUMAN, BRYAN W
11820 NW 37TH STREET
CORAL SPRINGS, FL 33065 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: 04/26/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C ( ) Delete Title: CEO (X) Change ( ) Addition Name: WALLACE, MILTON J Name: WALLACE, MILTON J

Address: 1111 BRICKELL AVE., #2150 Address: 1111 BRICKELL AVE., #2150

City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131 US

Title: CFOD ( ) Delete Title: CFO (X) Change ( ) Addition Name: LUGO, ORESTES Name: LUGO, ORESTES

Name: LUGO, ORESTES Name: LUGO, ORESTES
Address: 14361 COMMERCE WAY, #306 Address: 14361 COMMERCE WAY, #306

City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: MIAMI LAKES, FL 33016 US

Title: S ( ) Delete Title: SEC (X) Change ( ) Addition

 Name:
 BAUMAN, BRYAN W
 Name:
 BAUMAN, BRYAN W

 Address:
 1111 BRICKELL AVE., #2150
 Address:
 11820 N.W. 37TH STREET

 City-St-Zip:
 MIAMI, FL 33131
 City-St-Zip:
 CORAL SPRINGS, FL 33065 US

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 04/26/2005