


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000024913

1. Entity Name
RENAL CAREPARTNERS, INC.



Principal Place of Business 14361 COMMERCE WAY #306 MIAMI LAKES, FL 33016	Mailing Address 14361 COMMERCE WAY #306 MIAMI LAKES, FL 33016
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FILED
07 MAR 26 AM 10:34
CLERK OF STATE
TALLAHASSEE, FLORIDA



01252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3637127	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BAUMAN, BRYAN W
11820 NW 37TH STREET
CORAL SPRINGS, FL 33065**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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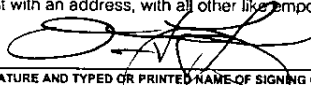
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WALLACE, MILTON J 1111 BRICKELL AVE., #2150 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LUGO, ORESTES 14361 COMMERCE WAY, #306 MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BAUMAN, BRYAN W 11820 N.W. 37TH STREET CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>3/30</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

200095883592
04/05/07--01029--014 **350.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1/29/07** **305-512-0014**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #