

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000074863

FILED
Mar 24, 2009
Secretary of State

Entity Name: UNIVERSAL KIDNEY CENTER OF DAVIE, INC.

Current Principal Place of Business:

11570 WEST STATE ROAD 84
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

11570 WEST STATE ROAD 84
DAVIE, FL 33325

New Mailing Address:

FEI Number: 13-4203276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTOLOME, ELMO V
11570 WEST STATE RD 84
DAVIE, FL 33308 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARTOLOME, DELILAH
Address: 4875 NORTHEAST 20TH TERRACE
City-St-Zip: FT LAUDERDALE, FL 33308

Title: D () Delete
Name: BARTOLOME, ELMO
Address: 4875 NORTHEAST 20TH TERRACE
City-St-Zip: FT LAUDERDALE, FL 33308

Title: D () Delete
Name: GUPTA, BHARAT MD
Address: 11570 WEST STATE RD 84
City-St-Zip: DAVIE, FL 33325

Title: D () Delete
Name: SAMRA, KAMELJIT
Address: 4100 GALT OCEAN DRIVE #914
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KAMELJIT K SAMRA

MGR

03/24/2009

Electronic Signature of Signing Officer or Director

Date