2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2010
Secretary of State

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Entity Name: UNIVERSAL KIDNEY CENTER OF DAVIE, INC.

Current Principal Place of Business:

E. ANGELO BARTOLOME
2004 N.E. 49TH ST
FT LAUDERDALE, FL 33308

New Principal Place of Business:

11570 WEST STATE ROAD 84
DAVIE, FL 33325

Current Mailing Address:

E. ANGELO BARTOLOME
2004 N.E. 49TH ST
FT LAUDERDALE, FL 33308

New Mailing Address:

KAREN SAMRA
11570 WEST STATE ROAD 84
DAVIE, FL 33325

FEI Number: 13-4203276 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARTOLOME, E ANGELO
2004 N.E. 49TH ST
FT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

SAMRA, KAMELJIT
11570 WEST STATE ROAD 84
DAVIE, FL 33315 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: KAMELJIT SAMRA 01/18/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

Title: D
Name: SAMRA, KAMELJIT
Address: 4100 GALT OCEAN DRIVE #914
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: KAMELJIT SAMRA D 01/18/2010
Electronic Signature of Signing Officer or Director Date