

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90344 016 ***150.00

DOCUMENT # P03000121913

1. Entity Name

UNIVERSAL KIDNEY CENTER OF PALM BEACH, INC.



Principal Place of Business
10528 ACME ROAD
WELLINGTON, FL 33414

Mailing Address
10528 ACME ROAD
WELLINGTON, FL 33414

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

4895 Windward Passage Dr

Suite, Apt. #, etc.

#4

02092004

Chg-P

CR2E034 (10/03)



City & State

City & State

Boynton Beach FL

4. FEI Number

55-0850519

Applied For

Not Applicable

Zip

Country

Zip

33436

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARTOLOME, ELMO V
10528 ACME ROAD
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name

Bartolome, Elmo V

Street Address (P.O. Box Number is Not Acceptable)

4895 Windward Passage Dr. #4

City

Boynton Beach

FL

Zip Code

33436

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BARTOLOME, ELMO V
STREET ADDRESS 4895 WINDWARD PASSAGE DRIVE, SUITE #4
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE D ☐ Delete
NAME ABRAHAM, MOHAN M.D.
STREET ADDRESS 5887 LAKE WORTH ROAD
CITY-ST-ZIP GREENACRES, FL 33463

TITLE D ☐ Delete
NAME BARTOLOME, DELILAH
STREET ADDRESS 4100 GALT OCEAN DRIVE, SUITE #910
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

[Signature] Elmo Bartolome

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04

Date

Daytime Phone #