




2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90404 048 ***150.00

DOCUMENT # P04000075396			
1. Entity Name UNIVERSAL KIDNEY CENTER OF CORAL SPRINGS - MARGATE, INC.			
Principal Place of Business 2800 STATE RD 7 MARGATE, FL 33063		Mailing Address 2800 STATE RD 7 MARGATE, FL 33063	
2. Principal Place of Business		3. Mailing Address 4895 Woodward Passage Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 4	
City & State		City & State Boynton Beach FL	
Zip	Country	Zip	Country
33436	USA	33436	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CARTOLOME, ELMO V 2800 STATE RD 7 MARGATE, FL 33063		Name Bartolome, Elmo V	
		Street Address (P.O. Box Number is Not Acceptable) 4895 Woodward Passage Dr Suite 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 		DATE 4/26/05	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTOLOME, ELMO V 5447 HELENE CIR BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Bartolome, Elmo V. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTOLOME, DELILAH 4100 GALT OCEAN DR - STE 910 FT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Bartolome, Delilah <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		4/26/05 561-740-1281	
Signature typed or printed name of signing officer or director		Date Daytime Phone #	

14013740



04262005 Chg-P CR2E034 (10/03)

4. FEI Number
30-0249027

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

33436

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

BARTOLOME, ELMO V

5447 HELENE CIR

BOYNTON BEACH, FL 33437 ☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

BARTOLOME, DELILAH

4100 GALT OCEAN DR - STE 910

FT LAUDERDALE, FL 33308 ☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

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TITLE

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