

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90116 012 ***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

**4895 WINDWARD PASSAGE DRIVE
SUITE 4
BOYNTON BEACH, FL 33436**

50014465



2. Principal Place of Business

2800 State Rd 7

Suite, Apt. #, etc.

3. Mailing Address

2004 NE 49th St.

Suite, Apt. #, etc.

02082006

Chg-P

CR2E034 (11/05)

City & State

Margate FL

City & State

Ft. Lauderdale, FL

4. FEI Number

30-0249027

Applied For

Not Applicable

Zip

33063

Country

USA

Zip

33308

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARTOLOME, ELMO V
4895 WINDWARD PASSAGE DR, SUITE 4
BOYNTON BEACH, FL 33436**

7. Name and Address of New Registered Agent

Name
Bartolome, Elmo V.

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

2004 NE 49th St.

City
Ft Lauderdale

FL

Zip Code

33308

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

Elmo Bartolome

(NOTE: Registered Agent signature required when reinstating)

4/11/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	BARTOLOME, ELMO V	
STREET ADDRESS	5447 HELENE CIR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BARTOLOME, DELILAH	
STREET ADDRESS	4100 GALT OCEAN DR - STE 910	
CITY-ST-ZIP	FT LAUDERDALE, FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bartolome, Elmo V	
STREET ADDRESS	2004 NE 49th St	
CITY-ST-ZIP	Ft Lauderdale, FL 33308	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bartolome, Delilah	
STREET ADDRESS	2004 NE 49th St	
CITY-ST-ZIP	Ft Lauderdale, FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06

Date

Daytime Phone #