


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90539 049 ***150.00

DOCUMENT # P04000149455	
1. Entity Name UNIVERSAL KIDNEY CENTER OF THE PALM BEACHES, INC.	

Principal Place of Business 4895 WINDWARD PASSAGE DRIVE, SUITE #5 BOYNTON BEACH, FL 33437	Mailing Address 4895 WINDWARD PASSAGE DRIVE, SUITE #5 BOYNTON BEACH, FL 33437
---	---

50046452



2. Principal Place of Business 4895 Windward Passage Dr Suite, Apt. #, etc. 4	3. Mailing Address 4895 Windward Passage Dr Suite, Apt. #, etc. 4
---	---

04262005 Chg-P CR2E034 (10/03)

City & State Boynton Beach FL	City & State Boynton Beach FL
Zip 33436	Zip 33436
Country USA	Country USA

4. FEI Number 20-1837960	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent BARTOLOME, ELMO V 4895 WINDWARD PASSAGE DRIVE, SUITE #5 BOYNTON BEACH, FL 33437	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 4895 WINDWARD PASSAGE DRIVE, SUITE #5 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 V 4100 GALT OCEAN DRIVE, SUITE #910 FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Bartolome, Delilah V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Elmo V Bartolome** 4/26/05 561-740-1981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #