

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000063365

FILED
Mar 08, 2006
Secretary of State

Entity Name: RENAL CAREPARTNERS OF DAVIE, INC.

Current Principal Place of Business:

4970 S.W. 52ND STREET, #303
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

14361 COMMERCE WAY, #306
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 41-2175496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUMAN, BRYAN ESQ
11820 N.W. 37TH STREET
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALLACE, MILTON J
Address: 4970 S.W. 52ND STREET, #303
City-St-Zip: DAVIE, FL 33314

Title: VP () Delete
Name: LUGO, ORESTES
Address: 4970 S.W. 52ND STREET, #303
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ORESTES LUGO

VP

03/08/2006

Electronic Signature of Signing Officer or Director

Date