

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000064380

Entity Name: KIDNEY CARE INSTITUTE, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

17913 NW 7TH ST., SUITE 104
PEMBROKE PINES, FL 33029

New Principal Place of Business:

18004 NW 6TH ST., SUITE 104
PEMBROKE PINES, FL 33029

Current Mailing Address:

17913 NW 7TH ST., SUITE 104
PEMBROKE PINES, FL 33029

New Mailing Address:

18004 NW 6TH ST., SUITE 104
PEMBROKE PINES, FL 33029

FEI Number: 83-0458961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENJAMIN, P.MAX F
17913 NW 7TH ST., SUITE 104
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

BEAUBOEUF, ANNA
18004 NW 6TH ST., SUITE 104
PEMBROKE PINES, FL 33029 US

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: ANNA L. BEAUBOEUF

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BENJAMIN, MAX F
Address: 17913 NW 7TH ST., SUITE 104
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VD () Delete
Name: BEAUBOEUF, ANNA M
Address: 17913 NW 7TH ST., SUITE 104
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BENJAMIN, MAX F
Address: 18004 NW 6TH ST., SUITE 104
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP (X) Change () Addition
Name: BEAUBOEUF, ANNA M
Address: 18004 NW 6TH ST., SUITE 104
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify 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: MAX F. BENJAMIN

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04/28/2009

Electronic Signature of Signing Officer or Director

Date