

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000045181

Entity Name: ALL KIDNEY CARE, P.A.

FILED
Apr 06, 2011
Secretary of State

Current Principal Place of Business:

4543 MANHATTAN AVE
SUITE 103
TAMPA, FL 33611 US

New Principal Place of Business:

Current Mailing Address:

6001 ,PALM PLACE LN
APT 128
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 27-2702840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARKALA, SREELATHA
6001 ,PALM PLACE LN
APT 128
TAMPA, FL 33647 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

OFFICERS AND DIRECTORS:

Title: PVSD
Name: VARKALA, SREELATHA
Address: 6001 ,PALM PLACE LN APT 128
City-St-Zip: TAMPA, FL 33647 US

Title: T
Name: THALAKOLA, LAVAKUSHA
Address: 6001 , PALM PLACE LN APT 128
City-St-Zip: TAMPA, FL 33647 US

I hereby 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 all other like empowered.

SIGNATURE: SREELATHA VARKALA

PRS

04/06/2011

Electronic Signature of Signing Officer or Director

Date