## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 19, 2002 8:00 am Secretary of State DOCUMENT # P93000038433 1. Entity Name 02-19-2002 90099 017 \*\*\*150.00 FLAMINGO PARK KIDNEY CENTER, INC. Principal Place of Business Mailing Address 7815 CORAL WAY #115 P.O. BOX 2076 MIAMI FL 33155 TACOMA WA 98401 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0431823 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 Zip Code City 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Chairnan, CED 🗈 ☐ Addition ☐ Delete TITLE TITLE : Kent J. Thiry 21250 Hawthorne Blvd, 4800 NAME NAME THIRY, KENT J STREET ADDRESS 21250 HAWTHORNE BLVD. STREET ADDRESS Torrance, CA 90503 CITY-ST-ZIP CITY-ST-ZIP **TORRANCE CA 90503** ☐ Change ☐ Addition TITLE C00 □ Delete TITLE NAME NAME MELLO, JOSEPH C STREET ADDRESS STREET ADDRESS 21250 HAWTHORNE BLVD. CITY-ST-ZIP CITY-ST-ZIP **TORRANCE CA 90503** Addition TITLE ☐ Delete TITLE ☐ Change **VPC** NAME NAME **BELL, GARY** STREET ADDRESS STREET ADDRESS 1423 PACIFIC AVENUE CITY-ST-ZIP CITY-ST-ZIP TACOMA WA 98402 ☐ Delete ☐ Change Addition TITLE NAME NAME WHITNEY, RICHARD STREET ADDRESS STREET ADDRESS 21250 HAWTHORNE BLVD CITY-ST-7IP CITY-ST-7IP TORRANCE CA 90503 TITLE Change Addition ☐ Defete TITLE NAME NAME MCALLISTER, CHARLIE MD STREET ADDRESS STREET ADDRESS 21250 HAWTHORNE BLVD. CITY-ST-ZIP CITY-ST-7IP TORRANCE CA 90503 rpibeneral Loursel & Scotu TITLE ☐ Addition TITLE ☐ Defete Steven J. Udicions NAME NAME UDICIOUS, STEVEN ESQ. 21250 Hawthorne Blvd., #800 STREET ADDRESS STREET ADDRESS 21250 HAWTHORNE BLVD. CITY-ST-ZIP Torrance, CA 90503 CITY-ST-7IP **TORRANCE CA 90503** 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

CR2E034 (9/01)