

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90531 008 ***150.00

US 1348 AB

DOCUMENT # P93000038433

1. Entity Name
FLAMINGO PARK KIDNEY CENTER, INC.



Principal Place of Business
**7815 CORAL WAY #115
MIAMI FL 33155**

Mailing Address
**P.O. BOX 2076
TACOMA WA 98401
US**



2. Principal Place of Business

3. Mailing Address

21250 Hawthorne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 800

City & State

City & State

Torrance, CA

4. FEI Number **65-0431823**

Applied For
Not Applicable

Zip

Country

Zip

Country

90503

USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$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
**CCEO
THIRY, KENT J
21250 HAWTHORNE BLVD.
TORRANCE CA 90503** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COO
MELLO, JOSEPH C
21250 HAWTHORNE BLVD.
TORRANCE CA 90503** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPC
BELL, GARY
1423 PACIFIC AVENUE
TACOMA WA 98402** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
WHITNEY, RICHARD
21250 HAWTHORNE BLVD
TORRANCE CA 90503** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CMO
MCALLISTER, CHARLIE MD
21250 HAWTHORNE BLVD.
TORRANCE CA 90503** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPCS
UDICIOUS, STEVEN ESQ.
21250 HAWTHORNE BLVD.
TORRANCE CA 90503** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change 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:

Signature of Steven F. Udicious
UDICIOUS, STEVEN ESQ.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DATE** **DAYTIME PHONE #**
UDICIOUS, STEVEN ESQ., VP, General Counsel & Secty 1/7/03 310-750-2076