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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000076450

ATLANTIC KIDNEY CENTERS, INC.

Principal Place	e of Business	Mailing Address		-11	1 (86)(86) (16 (8)) 81313 831(1 88)		1 MIJIK MBIA 1881
4700 N. CONGRESS AVENUE 4700 N. CONGRESS AVENUE							
SUITE 104 SUITE 104					DO NOT WRITE IN THIS SPACE		
WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
					10/18/1994		
0 Dalaska Di	and Division of	2a. Mailing Address			4. FEI Number	T A	pplied For
.	ace of Business	26. Walling Address			65-0534325	·	ot Applicable
21 Suite, Apt.	# etc	Suite, Apt. #, etc.	-			\$8.75	Additional
22					5. Certificate of Status Desired	Fee R	equired
City & State City & State				=	6. Election Campaign Financing	□ \$5.00	May Be
23	28				Trust Fund Contribution	Added	to Fees
Zip				try	8. This corporation owes the curre		
24	25	<u> </u>	30		Personal Property Tax.	☐ Yes	□No
·	9. Name and Address of Current	Registered Agent		B1 Name	10. Name and Address of New R	egistered Agent	
HOLI	MES, MARIETTA			Name	·		
	N. CONGRESS AVENUE		1	Street Add	Iress (P.O. Box Number is Not Accepta	ible)	
	E 104		-	B3	78 FM (8 10 10 10 10 10 10 10 10 10 10 10 10 10		7 1 2 1 2 2
	T PALM BEACH FL 34325						
				B4 City	77 F 14 An 17 18 18 18 18 18 18 18 18 18 18 18 18 18	FI 85 Zip	1
The second		and CO7 1EO9. Elevido Statuto	s the abo	ove-named cor	poration submits this statement for the ion's board of directors. I hereby accept	purpose of changing it	s registered
SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent	ons of, Section 607.0505, Florid	da Statut	tes.	ion's board of directors. I hereby accepted when reinstating)	DATE	egistered
12.	OFFICERS AND		13.	<u> </u>	ADDITIONS/CHANGES TO OF	FICERS AND DIRECT	ORS IN 12
TITLE	DP	☐ DELETE	1.1 TITL	E		☐ Change	Addition
NAME	RAPPAPORT, KENNETH					☐ Change	L Addition
STREET ADDRESS	ATAO N. CONCEPCO AVELINE CHITT 104			AE.		Change	Addition
CITY-ST-ZIP		SUITE 104	1.2 NAM 1.3 STR	ME EET ADDRESS	3 18426	Change	Addison
	WEST PALM BEACH FL 34325	SUITE 104	1.3 STR		3 1847 B		
TITLE		SUITE 104	1.3 STR	EET ADDRESS Y-ST-ZIP	3 1347.4	□ Change	Addition
TITLE NAME	WEST PALM BEACH FL 34325		1.3 STR 1.4 CITY	EET ADDRESS Y-ST-ZIP E			
	WEST PALM BEACH FL 34325 DT WATERMAN, JACK 4700 N. CONGRESS AVENUE, S	, DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM	EET ADDRESS Y-ST-ZIP E			
NAME	WEST PALM BEACH FL 34325 DT WATERMAN, JACK	DELETE	1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW 2.3 STR 2.4 CIT	EET ADDRESS Y-ST-ZIP E AE LEET ADDRESS Y-ST-ZIP		☐ Change	☐ Addition
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CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90071 026 ***150.00