

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000076450 1. Entity Name ATLANTIC KIDNEY CENTERS, INC.	
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Principal Place of Business 4700 N. CONGRESS AVENUE SUITE 104 WEST PALM BEACH, FL 33407	Mailing Address 4700 N. CONGRESS AVENUE SUITE 104 WEST PALM BEACH, FL 33407
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01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0534325	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HOLMES, MARIETTA 4700 N. CONGRESS AVENUE SUITE 104 WEST PALM BEACH, FL 34325
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

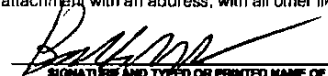
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000581663
01/10/07-80096-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAPPAPORT, KENNETH 4700 N. CONGRESS AVEUNE, SUITE 104 WEST PALM BEACH, FL 34325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WATERMAN, JACK 4700 N. CONGRESS AVENUE, SUITE 104 WEST PALM BEACH, FL 34325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOLMES, MARIETTA 4700 N. CONGRESS AVENUE, SUITE 104 WEST PALM BEACH, FL 34325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/06

Date

561-8452888

Daytime Phone #