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.

Principal Place of Business	Mailing Address
4700 N. CONGRESS AVENUE SUITE 104 WEST PALM BEACH, FL 33407	4700 N. CONGRESS AVENUE SUITE 104 WEST PALM BEACH, FL 33407

DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0534325
☐ Applied For
☐ Not Applicable

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

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

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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: _____ 01/09/06 561-845-2888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #