

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000076450

1. Entity Name
ATLANTIC KIDNEY CENTERS, INC.



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**



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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 _____

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

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000817336
02/14/08-80088-012 150.00**

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
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #