2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P94000076450

Entity Name: ATLANTIC KIDNEY CENTERS, INC.

Current Principal Place of Business:

4700 N. CONGRESS AVENUE
SUITE 104
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

4700 N. CONGRESS AVENUE
SUITE 104
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 65-0534325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLMES, MARIETTA
4700 N. CONGRESS AVENUE
SUITE 104
WEST PALM BEACH, FL 34325 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: RAPPAPORT, KENNETH
Address: 4700 N. CONGRESS AVEUNE, SUITE 104
City-St-Zip: WEST PALM BEACH, FL 34325

Title: DT ( ) Delete
Name: WATERMAN, JACK
Address: 4700 N. CONGRESS AVENUE, SUITE 104
City-St-Zip: WEST PALM BEACH, FL 34325

Title: DS ( ) Delete
Name: HOLMES, MARIETTA
Address: 4700 N. CONGRESS AVENUE, SUITE 104
City-St-Zip: WEST PALM BEACH, FL 34325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH A. RAPPAPORT DR. 04/30/2009

Electronic Signature of Signing Officer or Director — Date