

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019228

1. Entity Name

BOCA/DELRAY RENAL ASSOCIATES, INC.

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90056 009 \*\*\*150.00

Principal Place of Business

Mailing Address

1905 CLINT MOORE ROAD  
SUITE 306  
BOCA RATON FL 33496  
US

1905 CLINT MOORE ROAD  
SUITE 306  
BOCA RATON FL 33496-2661  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0659369

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REED, S. HOWARD  
399 W. PALMETTO PARK RD.  
STE. 206  
BOCA RATON FL 33432

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T ☐ Delete  
NAME REED, S. HOWARD  
STREET ADDRESS 399 W PALMETTO PARK RD. 206  
CITY-ST-ZIP BOCA RATON FL 33432

P ☒ Delete  
NAME LAZAR, IRA L  
STREET ADDRESS 1905 CLINT MOORE RD SUITE 305  
CITY-ST-ZIP BOCA RATON M 33496

VP ☐ Delete  
NAME KRAUSE, JOSEPH Z  
STREET ADDRESS 5162 LINTON BLVD SUITE 102  
CITY-ST-ZIP DELRAY BEACH FL 33484

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
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☐ Change ☐ Addition  
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CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. Howard Reed  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00

(541) 368-9518

CR2F034 (9/99)