

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 08:00 AM
Secretary of State

DOCUMENT # P96000019228

1. Entity Name
 BOCA/DELRAY RENAL ASSOCIATES, INC.

Principal Place of Business
 1905 CLINT MOORE ROAD
 SUITE 306
 BOCA RATON FL 33496 US

Mailing Address
 1905 CLINT MOORE ROAD
 SUITE 306
 BOCA RATON FL 33496 US

2. Principal Place of Business

3. Mailing Address
 54 NE 4TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 DELRAY BEACH FL

City & State
 DELRAY BEACH FL

4. FEI Number
65-0659369

Applied For
 Not Applicable

Zip Country
 33483 US

Zip Country
 33483 US

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

MONAGHAN TIMOTHY EESQ
 STRAWN, MONAGHAN & COHEN, P.A.
 54 NE 4TH AVENUE
 DELRAY BEACH FL 33483 US

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)

03/01/2001
 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, 2001 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

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

TITLE VSTD Change Addition
 NAME KRAUSE FRANCES
 STREET ADDRESS 1905 CLINT MOORE ROAD, SUITE 306
 CITY-ST-ZIP BOCA RATON FL 33496

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

TITLE PD Change Addition
 NAME KRAUSE JOSEPH Z.M.D.
 STREET ADDRESS 5162 LINTON BLVD., SUITE 102
 CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE 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: FRANCES KRAUSE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP 03/01/2001

Date Daytime Phone #

CR2E034 (11/00)