# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 13, 2002 8:00 AM**
**Secretary of State**

DOCUMENT# P96000019228

**Entity Name:** BOCA/DELRAY RENAL ASSOCIATES, INC.

**Current Principal Place of Business:**

1905 CLINT MOORE ROAD
SUITE 306
BOCA RATON, FL 33496 US

**New Principal Place of Business:**

**Current Mailing Address:**

54 NE 4TH AVENUE
DELRAY BEACH, FL 33483 US

**New Mailing Address:**

1905 CLINT MOORE ROAD
SUITE 306
BOCA RATON, FL 33496 US

**FEI Number: 65-0659369** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: KRAUSE, JOSEPH Z M.D.
Address: 5162 LINTON BLVD., SUITE 102
City-St-Zip: DELRAY BEACH, FL 33484

Title: VSTD ( ) Delete
Name: KRAUSE, FRANCES
Address: 1905 CLINT MOORE ROAD, SUITE 306
City-St-Zip: BOCA RATON, FL 33496

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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 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: FRANCES KRAUSE VSTD 04/13/2002

Electronic Signature of Signing Officer or Director Date