2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000019228

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Entity Name: BOCA/DELRAY RENAL ASSOCIATES, INC.

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
T MOORE ROA	D			
	US			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	D			
	US			
: 65-0659369	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
I Address of Cι	ırrent Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
2 BEACH, FL 334 named entity sue of Florida.		purpose of changing its registered	d office or registered agent, or both,	
Electronic	Signature of Registered A	gent	Date	
mpaign Financing	Trust Fund Contribution ().			
S AND DIRECT	ORS:	ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
KRAUSE, JOSÉF		Title: Name: Address:	() Change () Addition	
DELRAY BEACH	•	City-St-Zip:		
	TON, FL 33496 lailing Address IT MOORE ROA TON, FL 33496 : 65-0659369 I Address of Cu FRANCES ON BLVD BEACH, FL 3346 e of Florida. RE: Electronic mpaign Financing S AND DIRECT PD () E	TON, FL 33496 US Jailing Address: IT MOORE ROAD TON, FL 33496 US : 65-0659369 FEI Number Applied For () I Address of Current Registered Agent: FRANCES ON BLVD BEACH, FL 33481 US In named entity submits this statement for the e of Florida. RE: Electronic Signature of Registered Agent Agent: The page 14 of Statement for the e of Florida. RE: Electronic Signature of Registered Agent	It Moore Road Ton, FL 33496 US It Moore Road Ton, FL 33496 US Ton, FL 34496 US Ton, FL 344	

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: FRANCES KRAUSE VSPD 04/17/2009