

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000054324

FILED
Jul 09, 2008
Secretary of State

Entity Name: SOUTH FLORIDA KIDNEY ASSOCIATES, P.A.

Current Principal Place of Business:

17913 NW 7 TH
104
PEMBROKE PINES, FL 33029

New Principal Place of Business:

18004 NW 6 TH ST
104
PEMBROKE PINES, FL 33029

Current Mailing Address:

17913 NW 7 TH
104
PEMBROKE PINES, FL 33029

New Mailing Address:

18004 NW 6 TH ST
104
PEMBROKE PINES, FL 33029

FEI Number: 65-0675341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENJAMIN, MAX M.D.
17913 NW 7TH ST
104
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

BENJAMIN, MAX M.D.
18004 NW 6TH ST
104
PEMBROKE PINES, FL 33029 US

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:

07/09/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BENJAMIN, MAX M.D.
Address: 17913 NW 7 TH ST SUITE 104
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BENJAMIN, MAX M.D.
Address: 18004 NW 6TH ST SUITE 104
City-St-Zip: PEMBROKE PINES, FL 33029

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: MAX BENJAMIN

P

07/09/2008

Electronic Signature of Signing Officer or Director

Date