


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90007 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000046426 ✓					
1. Corporation Name The Miami Beach Kidney Center, Inc.					
Principal Place of Business 4701 North Meridian Ave. 710 Lakeview Drive Miami Beach, FL 33140			Mailing Address Miami Beach, Florida 33140		
2. Principal Place of Business 21 4701 North Meridian Ave.		2a. Mailing Address 26 710 Lakeview Drive		3. Date Incorporated or Qualified May 22, 1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0871463	
City & State 23 Miami Beach, Florida		City & State 28 Miami Beach, Florida		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33140		Zip 29 33140		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 US		Country 30 US		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent Leticia Adan, M.D. 710 Lakeview Drive Miami Beach, Florida 33140			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <i>[Signature]</i> LETICIA ADAN, M.D. 05/06/99 <small>Signature, name, printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME Leticia Adan, M.D. STREET ADDRESS President CITY-ST-ZIP			1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Federico Adan, M.D. 1.3 STREET ADDRESS Vice-President 1.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE NAME Leticia Adan, M.D. STREET ADDRESS Vicepresident CITY-ST-ZIP			2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Federico Adan, M.D. 2.3 STREET ADDRESS Assistant Secretary 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME Leticia Adan, M.D. STREET ADDRESS Treasurer CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Federico Adan, M.D. 3.3 STREET ADDRESS Director 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME Leticia Adan, M.D. STREET ADDRESS Secretary CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LETICIA ADAN, M.D. **05/06/99** **(305)**

Date

Daytime P.

CR2E034 (11/98)