## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 31, 2007 8:00 am Secretary of State

DOCLI								
DOCUMENT # P9900002568  1. Entity Name FLAGLER RENAL ASSOCIATES, INC.			Fig. 1	01-31-20		0 004 ***	150.00	
Principal Place	e of Business	Mailing Address	<u> </u>		1000703	(		
7900 S.W. 5	7TH AVENUE	7900 S.W. 57TH AVENUE						
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2. Principal Place of Business - No P.O. Box #		3. Meiling Address SUX 561689		9				
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		01222007	Chg-P	CR2E0	34 (12/06)	
City & State		, Çity & State	<u> </u>	4. FEI Numbe			Ap	plied For
Oity is diate		MIAMI, FC		59-088	8581		No	I Applicable
Zip	Country	221V	Country	5. Certificate	of Status Desired		\$8.75 Add	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New		<del></del>	<u>-</u>
			Name				-	
RICHARDS, VICTOR 7900 SW 57TH AVE.			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
STE 21 SOUTH MIAMI, FL 33143								
			City			FL	Zip Code	9
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its re-	gistered office or regis	stered agent, or bo	th, in the State of F	lorida. I am	familiar with,	and accept
live obligati	uona or registered agon <u>i</u> .							
SIGNATURE.	· · · · · · · · · · · · · · · · · · ·							
1	Signature, typed or printed name of registered agen	and title it applicable. (NOTE: R	Registered Agent signature req	ulred when reinstating)		DATE		
	Signature, typed or printed name of registered agen	r and title it applicable. (NOTE: R	degistered Agent signature req	ulred when reinstating)		DATE		
	Signature, typed or printed name of registered agen  E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaign	ı Financing	\$5.00 May Be Added to Fees		DATE		
	Signature, typed or printed name of registered agen  E NOW!!! FEE IS \$150.00	9. Election Campaign Trust Fund Contrib	ı Financing	\$5.00 May Be Added to Fees	CHANGES TO OF		) DIRECTORS	S IN 11
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

(ט) SIGNATURE: Laber

CITY-ST-ZIP