

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S28316

FILED  
Feb 08, 2010  
Secretary of State

**Entity Name:** ADVANCED KIDNEY CARE, M.D., P.A.

**Current Principal Place of Business:**

4425 MILITARY TRAIL, SUITE 212  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

4425 MILITARY TRAIL  
SUITE 212  
JUPITER, FL 33458

**New Mailing Address:**

**FEI Number:** 65-0262435      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

SINGER, MICHAEL S  
3801 PGA BLVD., SUITE 604  
PALM BEACH GARDENS, FL 33410      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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MULLEN, JAMES P  
Address: 4425 MILITARY TR SUITE 212  
City-St-Zip: JUPITER, FL 33458

Title: VPD  
Name: AMROSE, DAVID S  
Address: 4425 MILITARY TR SUITE 212  
City-St-Zip: JUPITER, FL 33458

Title: STD  
Name: BASILE, NICOLE A  
Address: 4425 MILITARY TR SUITE 212  
City-St-Zip: JUPITER, FL 33458

I hereby 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 all other like empowered.

SIGNATURE: DAVID S. AMROSE

VPD

02/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date