



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S45627</b> 1. Entity Name FORT LAUDERDALE RENAL GROUP, INC.		
Principal Place of Business 2001 N.E. 48 COURT STE 4 FT. LAUDERDALE, FL 33308 US		Mailing Address 2001 N.E. 48 COURT STE 4 FT. LAUDERDALE, FL 33308 US
<b>DO NOT WRITE IN THIS SPACE</b>		 02092004 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0255930 Applied For Not Applicable
5. Name and Address of Current Registered Agent VALLE, GABRIEL 2001 N.E. 48 COURT STE 4 FT. LAUDERDALE, FL 33308		<b>DO NOT WRITE IN THIS SPACE</b>
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  000000056730 02/19/04-80031-023 150.00
TITLE	P	
NAME	VALLE, GABRIEL A., M.D.	
STREET ADDRESS	2001 NE 48 CT STE 4	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
TITLE	V	
NAME	BEJAR, CARLOS MD	
STREET ADDRESS	2001 NE 48 CT	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2/17/04</u> <small>Daytime Phone #</small>