


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # S45627 1. Entity Name THE KIDNEY GROUP OF SOUTH FLORIDA, P.A.	
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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
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01272006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0255930	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent VALLE, GABRIEL 2001 N.E. 48 COURT STE 4 FT. LAUDERDALE, FL 33308

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALLE, GABRIEL A., M.D. 2001 NE 48 CT STE 4 FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEJAR, CARLOS MD 2001 NE 48 CT FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/15/06-80029-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:  **GABRIEL A. VALLE, M.D.** 1/31/06 954-771-3929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone