

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S45627

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: THE KIDNEY GROUP OF SOUTH FLORIDA, P.A.

## Current Principal Place of Business:

2001 N.E. 48 COURT  
STE 4  
FT. LAUDERDALE, FL 33308 US

## New Principal Place of Business:

## Current Mailing Address:

2001 N.E. 48 COURT  
STE 4  
FT. LAUDERDALE, FL 33308 US

## New Mailing Address:

FEI Number: 65-0255930

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VALLE, GABRIEL  
2001 N.E. 48 COURT  
STE 4  
FT. LAUDERDALE, FL 33308 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: P ( ) Delete  
Name: VALLE, GABRIEL A., M., D.  
Address: 2001 NE 48 CT STE 4  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: V ( ) Delete  
Name: BEJAR, CARLOS MD  
Address: 2001 NE 48 CT  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: V ( ) Delete  
Name: AJURIA, JORGE MD  
Address: 2001 NE 48 CT  
City-St-Zip: FORT LAUDERDALE, FL 33308

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GABRIEL VALLE

MGR

03/19/2009

Electronic Signature of Signing Officer or Director

Date