

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90014 025 ***150.00

DOCUMENT # S45629

1. Entity Name

FORT LAUDERDALE CENTER FOR KIDNEY DISEASES, INC.

Principal Place of Business

**2001 MEDICAL BUILDING
 2001 NE 48TH COURT
 FT. LAUDERDALE FL 33308
 US**

Mailing Address

**2001 MEDICAL BUILDING
 2001 NE 48TH COURT
 FT. LAUDERDALE FL 33308
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0257110

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALLE, BARBARA K
 2001 MEDICAL BUILDING
 2001 NE 48TH COURT
 FORT LAUDERDALE FL 33308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity signs this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	VALLE, GABRIEL A M.D.	
STREET ADDRESS	2001 NE 48TH COURT STE 4	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VALLE, BARBARA R.N.	
STREET ADDRESS	2001 NE 48TH COURT STE 4	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 954
 Date

Daytime Phone #

771-3579

CR2E034 (9/01)