

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S45629

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

**Entity Name:** FORT LAUDERDALE CENTER FOR KIDNEY DISEASES, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-0257110      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

VALLE, GABRIEL  
2001 MEDICAL BUILDING  
2001 NE 48TH COURT  
FORT 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: VALLE, GABRIEL A M.D.  
Address: 2001 NE 48TH COURT STE 4  
City-St-Zip: FT. LAUDERDALE, FL 33308

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: GABRIEL VALLE

PD

03/14/2011

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

\_\_\_\_\_  
Date