

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K55094

**Entity Name:** CENTER FOR DISEASES OF THE KIDNEY AND HYPERTENSION, P.A.

**FILED**  
**Feb 16, 2023**  
**Secretary of State**  
**8661715851CC**

**Current Principal Place of Business:**

3801 N. HIGHWAY 19-A  
SUITE 400  
MT. DORA, FL 32757

**Current Mailing Address:**

3801 N. HIGHWAY 19-A  
SUITE 400  
MT. DORA, FL 32757 US

**FEI Number: 59-2920869**

**Certificate of Status Desired: No**

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

MENESES-TAYLOR, RUTH  
3801 N. HIGHWAY 19-A  
SUITE 400  
MT. DORA, FL 32757 US

*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

**Officer/Director Detail :**

Title PST  
Name MENESES-TAYLOR, RUTH  
Address 3801 N. HIGHWAY 19-A  
City-State-Zip: MT. DORA FL 32757

Title DIRECTOR  
Name MENESES-TAYLOR, RUTH  
Address 3801 N. HIGHWAY 19-A  
City-State-Zip: MT. DORA FL 32757

*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: RUTH MENESES-TAYLOR, MD**

**PST**

**02/16/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date