

**2020 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000036234

**Entity Name:** KIDNEY & DIALYSIS SPECIALISTS OF THE PALM BEACHES,  
P.A.

**FILED**  
**Oct 02, 2020**  
**Secretary of State**  
**4818907843CR**

**Current Principal Place of Business:**

927 45TH STREET SUITE 102  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

927 45TH STREET SUITE 102  
WEST PALM BEACH, FL 33407

**FEI Number:** 20-4466177

**Certificate of Status Desired:** No

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

HORTON, JANET  
927 45TH ST STE 102  
WEST PALM BEACH, FL 33407 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:** JANET HORTON

10/02/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DR  
Name LOTFI, MICHAEL MD  
Address 927 45TH STREET SUITE 102  
City-State-Zip: WEST PALM BEACH FL 33407

*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:** MICHAEL LOTFI MD

**OFFICER**

10/02/2020

Electronic Signature of Signing Officer/Director Detail

Date