

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000038433

**Entity Name:** FLAMINGO PARK KIDNEY CENTER, INC.

**FILED**  
**Apr 15, 2019**  
**Secretary of State**  
**5270190667CC**

**Current Principal Place of Business:**

JLD/SECGOVFIN  
2000 16TH STREET  
DENVER, CO 80202

**Current Mailing Address:**

JLD/SECGOVFIN  
601 HAWAII STREET  
EL SEGUNDO, CA 90245 US

**FEI Number: 65-0431823**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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           DIRECTOR  
Name           STAFFIERI, MICHAEL D.  
Address        JLD/SECGOVFIN  
                  2000 16TH STREET  
City-State-Zip: DENVER CO 80202

Title           CEO  
Name           RODRIGUEZ, JAVIER J.  
Address        JLD/SECGOVFIN  
                  2000 16TH STREET  
City-State-Zip: DENVER CO 80202

Title           SECRETARY  
Name           CALDWELL, SAMANTHA A.  
Address        JLD/SECGOVFIN  
                  2000 16TH STREET  
City-State-Zip: DENVER CO 80202

Title           TREASURER  
Name           HILGER, JAMES K.  
Address        JLD/SECGOVFIN  
                  2000 16TH STREET  
City-State-Zip: DENVER CO 80202

*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: SAMANTHA A. CALDWELL**

**SECRETARY**

**04/15/2019**

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

\_\_\_\_\_  
Date