

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000076450

Entity Name: ATLANTIC KIDNEY CENTERS, INC.

Current Principal Place of Business:

4700 N. CONGRESS AVENUE
SUITE 106
WEST PALM BEACH, FL 33407

Current Mailing Address:

4700 N. CONGRESS AVENUE
SUITE 106
WEST PALM BEACH, FL 33407 US

FEI Number: 65-0534325

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAPPAPORT, MARIETTA
4700 N. CONGRESS AVENUE
SUITE 106
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name RAPPAPORT, KENNETH A
Address 2700 DONALD ROSS ROAD
APT. 312
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DT
Name WATERMAN, JACK
Address 729 CHARLESTOWN CIRCLE
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DS
Name RAPPAPORT, M A
Address 2700 DONALD ROSS ROAD
APT. 312
City-State-Zip: PALM BEACH GARDENS FL 33410

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: M RAPPAPORT

REGISTERED AGENT

04/23/2019

Electronic Signature of Signing Officer/Director Detail

Date