FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J93448**1. Corporation Name

SARASOTA PHYSICIANS' DIALYSIS CENTER, INC.

Principal Place	of Business	Mai	ling Address				
C/O LEATRICE DREILING 407 LINCOLN ROAD STE 700 407 LINCOLN ROAD STE 70)				
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139						DO NOT WRITE IN THIS SPACE	
US US						3. Date Incorporated or Qualifed	
							09/03/1987
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number Applied For
21	•	26					65-0009778 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22			27				Fee Required
City & State City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23	·	28					Trust Fund Contribution Added to Fees
Zip	Country		Zip	Count	try		8. This corporation owes the current year Intangible
24	25	29	3	30			Personal Property Tax. Yes No
	9. Name and Address of Curre	nt Registe	ered Agent				10. Name and Address of New Registered Agent
				{	81	Name	
DREILING, LEATRICE				1	82	Street Addr	Iress (P.O. Box Number is Not Acceptable)
407 LINCOLN ROAD						0.0000	,
STE		•		[8	в3		
MAIM	AI BCH. FL 33139						85 Zip Code
	, .			1	84	City	FL 85 Zip Code
11 Purcuant	to the provisions of Sections 607 05	02 and 60	7 1508, Florida Statutes	s. the abo	ove-	-named corp	poration submits this statement for the purpose of changing its registered
office or re	egistered agent or both in the State	e of Florida	a. Such change was au	thorized i	DV (I	ne corporation	ion's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig	ations of,	Section 607.0505, Flore	da Statut	tes.		·
SIGNATURE			ANOTE: E	Incintered A	cont	eignoture require	red when reinstating) DATE
12.	Signature, typed or printed name of registered age OFFICERS A		'''	13.	nieur.	Signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTSD	NO DINE	DELETE	1.1 TITL	F		☐ Change ☐ Addition
1				1.2 NAM			
NAME	DREILING, LEATRICE	•				ADDDESO	
STREET ADDRESS	407 LINCOLN ROAD, STE 700	J				ADORESS	
CITY-ST-ZIP	MIAMI BCH FL	·	C Bellete	1.4 CITY		-ZIP	☐ Change ☐ Addition
TITLE	VD		☐ DELETE	2.1 TITL			Change radius
NAME	SILVERSTEIN, MARC E			2.2 NAM	Æ		
STREET ADDRESS	1921 WALDEMERE ST			2.3 STR	EET/	ADDRESS	
_CITY-ST-ZIP	SARASOTA FL			2.4 CIT	Y-ST	-ZIP	
TITLE		•	☐ DELETE	3.1 TITL	.E		☐ Change ☐ Addition
NAME				3.2 NAM	Æ		•
STREET ADDRESS				3.3 STR	EET/	ADDRESS	
CITY-ST-ZIP	•			3.4. CIT	Y-ST	r-ZIP	
TITLE			☐ DELETE	4.1 TITL	E		☐ Change ☐ Additi
NAME	·			4. 2 NA	ME	ļ	
STREET ADDRESS				4.3 STR	EET/	ADDRESS	
CITY-ST-ZIP				4.4 CIT		•	
TITLE			☐ DELETE	5.1 TITL			. Change Addition
NAME				5.2 NAM			
						ADDRESS	
STREET ADDRESS				5.4 CITY			
CITY-ST-ZIP			☐ DELETE	6.1 TITL			☐ Change ☐ Addition
TITLE			_ >	6.2 NAN			- . - -
NAME						ADDRESS	
STREET ADDRESS						i	
CITY-ST-ZIP	s*			6.4 CITY	r•ST-	- LIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90029 026 ***158.75