

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90460 026 \*\*\*150.00

**DOCUMENT # J93448**

1. Entity Name

SARASOTA PHYSICIANS' DIALYSIS CENTER, INC.

Principal Place of Business	Mailing Address
C/O LEATRICE DREILING 407 LINCOLN RD SUITE 700 MIAMI BEACH FL 33139	C/O LEATRICE DREILING 407 LINCOLN RD SUITE 700 MIAMI BEACH FL 33139

2. Principal Place of Business 1921 WALDEMERE STREET	3. Mailing Address 1921 WALDEMERE STREET
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Suite, Apt. #, etc. SUITE 413	Suite, Apt. #, etc. SUITE 413
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City & State SARASOTA FL	City & State SARASOTA FL
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Zip 34239	Country US	Zip 34239	Country US
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4. FEI Number 65-0009778	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  DREILING, LEATRICE 407 LINCOLN ROAD SUITE 700 MIAMI BEACH FL 33139	7. Name and Address of New Registered Agent Name DOERR, KENNETH D. Street Address (P.O. Box Number is Not Acceptable) 240 SOUTH PINEAPPLE AVENUE 10TH FLOOR City SARASOTA FL Zip Code 34236
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8. 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 Kenneth D. Doerr KENNETH D. DOERR 2/1/01  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD DREILING, LEATRICE 407 LINCOLN ROAD, SUITE 700 MIAMI BEACH FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ZENDEL, STEPHEN 1921 WALDEMERE ST, STE 413 SARASOTA FL 34239 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SILVERSTEIN, MARC E 1921 WALDEMERE ST, STE 413 SARASOTA FL 34239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SILVERSTEIN, MARC E 1921 WALDEMERE ST, STE 413 SARASOTA FL 34239 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WEBER, HERMAN 1921 WALDEMERE ST, STE 413 SARASOTA FL 34239 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD COVER, DOMENICK 1921 WALDEMERE ST, STE 413 SARASOTA FL 34239 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Marc E. Silverstein Marc E. Silverstein, President 2/1/01 917-6444  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #