2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91251 021 ***150.00

DOCUMENT # P03000037570

1. Entity Name
MOBILE RENAL SERVICES INC.

Principal Place of Business	Mailing Address
3200 S ANDREWS AVE STE #115 FT LAUDERDALE, FL 33316-4122	3200 S ANDREWS AVE STE #115 FT LAUDERDALE, FL 33316-4122

04262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number IE 33-1051892 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARCIA, CARLOS 3200 S ANDREWS AVE STE #115 FT LAUDERDALE, FL 33316-4122	Name: Michael W. Graham Street Address (P.O. Box Number is Not Acceptable): 3200 So. Andrews Ave STE #115 City: Ft. Lauderdale FL Zip Code: 33316-4122

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Michael W. Graham (President) Michael W. Graham 4/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARCIA, CARLOS 3452 FOXCROFT RD #202 MIRAMAR, FL 33025	☒ Delete	P/V/T/S/D/C/M Michael W. Graham 3200 S. Andrews Ave STE. #115 Ft. Lauderdale, FL. 33316-4122	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRAHAM, MICHAEL 17820 NE 106 AVE N MIAMI BCH, FL 33162	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRUZ, JOIC L 1218 WINDY MEADOW DR CLERMONT, FL 34711	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURGOS, ENRIZUE 8176 NW 4062 ST CORAL SPRINGS, FL 33067	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael W. Graham (President) Michael W. Graham 4/30/04 (954) -527-3852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #