

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000141062

**Entity Name:** IHS DIALYSIS, INC.

**FILED**  
**Oct 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6001 BROKEN SOUND PARKWAY  
SUITE 502  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

6001 BROKEN SOUND PARKWAY  
SUITE 502  
BOCA RATON, FL 33487 US

**New Mailing Address:**

**FEI Number:** 22-3869734

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHALLER, NELSON R  
6001 BROKEN SOUND PARKWAY  
SUITE 502  
BOCA RATON, FL 33487 US

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

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: NELSON SHALLER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: SHALLER, NELSON R MR.  
Address: 6001 BROKEN SOUND PARKWAY SUITE 502  
City-St-Zip: BOCA RATON, FL 33487 US

Title: PRES  
Name: MCDONNELL, KATHLEEN MS.  
Address: 6001 BROKEN SOUND PARKWAY SUITE 502  
City-St-Zip: BOCA RATON, FL 33487 US

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: NELSON SHALLER

CEO

10/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date