Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90035 019 \*\*\*158.75

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 506489

DIALYSIS CORPORATION OF AMERICA

Principal Place	of Business	Mailing Address				N 111111 1601
2337 W 76TH ST		2337 W 76 ST		1		
HIALEAH FL 33016		HIALEAH FL 33016				
US	•	US	•	DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed 07/02/1976		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Appli	ed For
21		26	• -	59-1757642	Not A	pplicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			\$8.75 Add	ditional
22		27		5. Certificate of Status Desired	Fee Requ	ired
City & State	9 -	City & State		6. Election Campaign Financing	\$5.00 M	ay Be
23		28		Trust Fund Contribution	Added to I	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		
24	25	29	30	Personal Property Tax.	,X .s .	No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent	
			81 Name			
	TS, DANIEL R.		82 Street A	ddress (P.O. Box Number is Not Acceptable)		
	' W 76 ST		0.000.7			
HIAL	EAH FL 33016		83			
			84 City		. 85 Zip Co	de
			1 1 7	<u></u> <u></u>	L	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named o	corporation submits this statement for the purpose	of changing its re	gistered
Attica or re	egistered agent, or both, in the State o	r Florida. Such change was at	monzed by the corpo	ration's board of directors. I hereby accept the app	Jonnancia as regis	stored
agent. I ar	m familiar with, and accept the obligati	ons of, Section 607.0505, Fior	ida Statutes.		•	
agent. I ar	m familiar with, and accept the obligati	ons of, Section 607.0505, Flor	ida Statutes.		•	
agent. I ar SIGNATURE	m familiar with, and accept the obligati		ida Statutes. Registered Agent signature re	quired when reinstating) DATE		
agent. I ar SIGNATURE	m familiar with, and accept the obligati	and title if applicable. (NOTE:  D DIRECTORS				S IN 12
agent. I ar	m familiar with, and accept the obligati	and title if applicable. (NOTE:	Registered Agent signature re	quired when reinstating) DATE	AND DIRECTORS	
agent. I ar SIGNATURE	m familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:  D DIRECTORS	Registered Agent signature re	quired when reinstating) DATE		S IN 12
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agent. I ar SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND V OUZTS, DANIEL R. 2337 W. 76TH ST. HIALEAH FL	and title if applicable. (NOTE:  D DIRECTORS  DELETE	Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	quired when reinstating) DATÉ ADDITIONS/CHANGES TO OFFICERS	☐ Change	S IN 12  Addition
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agent. I ar SIGNATURE  112.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND V OUZTS, DANIEL R. 2337 W. 76TH ST. HIALEAH FL PD PELSTRING, BARTON L 27 MILLER ST. LEMOYNE PA 17043 CEOD LANGBEIN, THAMAS K 777 TERRACE AVE., ROOM 517 HASBRARCK HEIGHTS NJ S JAFFE, LAWRENCE E. 777 TERRACE AVE., ROOM 517 HASBRARCK HEIGHTS NJ	and title if applicable. (NOTE: D DIRECTORS D DELETE DELETE DELETE DELETE DELETE	Registered Agent eignature re  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME	Date  ADDITIONS/CHANGES TO OFFICERS  27 miller street, suite  Drownee, Robert W.	Change  Change  Change	S IN 12 Addition Addition Addition
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14. 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.

CITY-ST-ZIP