

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State
 04-06-2001 90048 042 ***158.75

0099009

DOCUMENT # 506489

1. Entity Name

DIALYSIS CORPORATION OF AMERICA

Principal Place of Business

2337 W 76TH ST
 HIALEAH FL 33016
 US

Mailing Address

2337 W 76 ST
 HIALEAH FL 33016
 US

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 **59-1757642**

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

OUZTS, DANIEL R.
2337 W 76 ST
HIALEAH FL 33016

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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) ☐

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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VT	<input type="checkbox"/> Delete
NAME	OUZTS, DANIEL R.	
STREET ADDRESS	2337 W. 76TH ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PELSTRING, BARTON L	
STREET ADDRESS	27 MILLER ST. SUITE 2	
CITY-ST-ZIP	LEMOYNE, PA 17043	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	LANGBEIN, THAMAS K	
STREET ADDRESS	777 TERRACE AVE., ROOM 517	
CITY-ST-ZIP	HASBRARCK HEIGHTS NJ	
TITLE	S	<input type="checkbox"/> Delete
NAME	JAFFE, LAWRENCE E.	
STREET ADDRESS	777 TERRACE AVE., ROOM 517	
CITY-ST-ZIP	HASBRARCK HEIGHTS NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRANCE, ROBERT W	
STREET ADDRESS	777 TERRACE AVE. ROOM 517	
CITY-ST-ZIP	HOSBRUNK NJ 07064	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOLLER, HUBERT I	
STREET ADDRESS	27 MILLER ST. SUITE 2	
CITY-ST-ZIP	LEMOYNE PA 17043	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELSTRING BARTON L.	
STREET ADDRESS	27 MILLER STREET, SUITE 2	
CITY-ST-ZIP	LEMOYNE, PA 17043	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRANCE, ROBERT W.	
STREET ADDRESS	777 TERRACE AVE. ROOM 517	
CITY-ST-ZIP	HASBRARCK HEIGHTS, NJ 07064	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHEN EVERETT	
STREET ADDRESS	27 MILLER STREET, SUITE 2	
CITY-ST-ZIP	LEMOYNE, PA 17043	

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:

Amir Q. Ouzts **Daniel R. Ouzts** VP/Finance April 3, 2001 (305) 558-4000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)