

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90017 037 \*\*\*158.75

**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, 2002 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** ☐ Delete  
NAME **OUZTS, DANIEL R.**  
STREET ADDRESS **2337 W. 76TH ST.**  
CITY-ST-ZIP **HIALEAH FL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **Hialeah, Florida 33016**

TITLE **D** ☐ Delete  
NAME **PELSTRING, BARTON L**  
STREET ADDRESS **27 MILLER ST. SUITE 2**  
CITY-ST-ZIP **LEMOYNE PA 17043**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **402 Marvel Court**  
CITY-ST-ZIP **Easton, MD 21601**

TITLE **CEO** ☐ Delete  
NAME **LANGBEIN, THAMAS K**  
STREET ADDRESS **777 TERRACE AVE., ROOM 517**  
CITY-ST-ZIP **HASBRARCK HEIGHTS NJ**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **Hasbrouck Heights, NJ 07604**

TITLE **S** ☐ Delete  
NAME **JAFFE, LAWRENCE E.**  
STREET ADDRESS **777 TERRACE AVE., ROOM 517**  
CITY-ST-ZIP **HASBRARCK HEIGHTS NJ**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **Hasbrouck Heights, NJ 07604**

TITLE **D** ☐ Delete  
NAME **TRAUSE, ROBERT W**  
STREET ADDRESS **777 TERRACE AVE. ROOM 517**  
CITY-ST-ZIP **HOSBRUNK NJ 07064**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **Hasbrouck Heights, NJ 07604**

TITLE **P** ☐ Delete  
NAME **EVERETT, STEPHEN**  
STREET ADDRESS **27 MILLER ST. SUITE 2**  
CITY-ST-ZIP **LEMOYNE PA 17043**

TITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1344 Ashton Road, Suite 201**  
CITY-ST-ZIP **Hanover, MD 21076**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Telephone (305) 558-4000

**Daniel R. Ouzts, Vice President/Finance January 8, 2002**

Date

Daytime Phone

CR2E034 (9/01)

Dialysis Corporation of America  
2002 Uniform Business Report  
Federal E. I. Number 59-1757642  
Additions/Changes to Officers and Directors (Continued)

Attachments

906963

#506499

12.ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Title	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Michael Rowe		
Street Address	1344 Ashton Road, Suite 201		
City-St-Zip	Hanover, MD 21076		

Title	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Alexander Bienstock		
Street Address	777 Terrace Ave., Room 517		
City-St-Zip	Hasbrouck Heights, NJ 07604		

Title	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	David L. Blecker		
Street Address	777 Terrace Ave., Room 517		
City-St-Zip	Hasbrouck Heights, NJ 07604		