


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90015 037 \*\*\*158.75

<b>DOCUMENT # 506489</b> 1. Entity Name <b>DIALYSIS CORPORATION OF AMERICA</b>					
Principal Place of Business <b>2337 W 76TH ST HIALEAH, FL 33016 US</b>			Mailing Address <b>2337 W 76 ST HIALEAH, FL 33016 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1757642</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>OUZTS, DANIEL R. 2337 W 76 ST HIALEAH, FL 33016</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT OUZTS, DANIEL R. 2337 W. 76TH ST. HIALEAH, FL 33016	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGBEIN, THOMAS K 777 TERRACE AVE., ROOM 517 HASBROUCK HEIGHTS, NJ 07604	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAFTE, LAWRENCE E. 777 TERRACE AVE., ROOM 517 HASBROUCK HEIGHTS, NJ 07604	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAUSE, ROBERT W 777 TERRACE AVE. ROOM 517 HASBROUCK HEIGHTS, NJ 07604	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVERETT, STEPHEN 1302 CONCOURSE DRIVE, SUITE 204 LINTHICUM HEIGHTS, MD 21090	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROWE, MICHAEL 1302 CONCOURSE DR STE. 204 LINTHICUM HEIGHTS, MD 21090	<input checked="" type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: <i>Daniel R. Ouzts</i> Daniel R. Ouzts, Vice Pres./Treas. 1/3/2007(305)558-4000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Dialysis Corporation of America  
2007 For Profit Corporation Annual Report  
Federal E. I. Number 59-1757642  
Additions/Changes to Officers and Directors

ATTACHMENT

#2000188

506489

11.ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN BLOCK 10.

Title	D	Change	<input checked="" type="checkbox"/> Addition
Name	Bienenstock, Alex		
Street Address	766 West Broadway		
City-State-Zip	Woodmere, NY 11598		

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

Title	V	Change	<input checked="" type="checkbox"/> Addition
Name	Zimmerman, Joanne		
Street Address	27 Miller Street, Suite 2		
City-State-Zip	Lemoyne, PA 17043		

Title	V	Change	<input checked="" type="checkbox"/> Addition
Name	Magaro, Tammy		
Street Address	27 Miller Street, Suite 2		
City-State-Zip	Lemoyne, PA 17043		

Title	V	Change	<input checked="" type="checkbox"/> Addition
Name	Waite, Don		
Street Address	1302 Concourse Drive, Suite 204		
City-State-Zip	Linthicum, MD 21090		