



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90010 023 ***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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent OUZTS, DANIEL R. 2337 W 76 ST HIALEAH, FL 33016			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JAFFE, LAWRENCE E. 777 TERRACE AVE., ROOM 517 HASBROUCK HEIGHTS, NJ 07604 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President Andrew Jeanneret 1302 Concourse Drive, Suite 204 Linthicum, MD 21090	
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.					
SIGNATURE: 			Daniel R. Ouzts, Vice Pres/Treas		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date: 1/5/2008 Daytime Phone: (305)558-4000</small>		

ATTACHMENT

40000754
506489

Dialysis Corporation of America
2008 For Profit Corporation Annual Report
Federal E. I. Number 59-1757642
Additions/Changes to Officers and Directors

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	