1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 725132

1. Corporation Name

RENAL ASSISTANCE INCORPORATED

Principal Place of Business 4401 HOLLYWOOD BLVD SUITE 102 HOLLYWOOD FL 33021

Mailing Address

4401 HOLLYWOOD BLVD SUITE 102 HOLLYWOOD FL 33021

FILED May 27, 1999 8:00 am § Secretary of State

05-27-1999 90006 044 ****61.25



					 				
2. Principal Place of Business 21 440 Hollywood Blud 26 440 Hollywood Blud					3. Date Incorporated or Qualifed 01/02/1973				
21 790		26 9901 110114 Suite, Apt. #, etc.	Maa	1210a	4. FEI Number			Applied For	
Suite, Apt.	#, etc.	⊢ '''			59-1429145		-	Not Applicable	
22		Gity & State					\$8.	75 Additional	
City & Stat	hurnd H	28 Hollywood	H		5. Certifcate of Status Desired		• -	e Required	
Zip T (C)	Country		Country		6. Election Campaign Financing		\$5.	00 May Be	
24 330	25 115A	29 3300 30	US	39	Trust Fund Contribution		Ad	ded to Fees	
24, 030	9. Name and Address of Current				10. Name and Address of New I	Registered	Agent		
·			81	Name					
GOLDBERG, SEMET, LICKSTEIN & MORGENSTERN 82 Street Address (P.O. Box Number is Not Acceptable)									
201 ALHAMBRA CIRCLE, 8TH FL				82 Street Address (P.O. Box Number is Not Acceptable)					
				83					
CORAL G	ABLES FL 33134			<u> </u>					
			84	City		FL	85	Zip Code	
	047.0500	2 - 1 CAT 4500 Florida Statutos di	<u> </u>	n named come	pration submits this statement for the		changin	a its registered	
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	of Florida. Such change was author	nzea by	the corporatio	n's board of directors. I hereby accep	pt the appoi	ntment a	as registered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 617.0503, Florida	Statutes	i.					
SIGNATURE				and the second		DATE			
	Signature, typed or printed name of registered agent	. 417-11-11-11-11-11-11-11-11-11-11-11-11-1		nt signature required	ADDITIONS/CHANGES TO OF		ID DIRE	CTORS IN 12	
12.	OFFICERS ANI	B BITTEO TOTAL	13.		ADDITIONS/CITATGES TO OF	T IOLI TO A	☐ Cha		
TITLE	PTD	☐ DELETE	1.1 TITLE	l			[_] O.I.	ingo	
NAME	SUGERMAN, DAVID L MD		1.2 NAME						
STREET ADDRESS	11013 BOSTON DRIVE		1.3 STREE	TADDRESS					
CITY-ST-ZIP	COOPER CITY FL			T-ZIP					
TITLE	VSD	☐ DELETE 2.17		ł			Cha	inge	
NAME	KOSTNER, DEBORAH		2.2 NAME						
STREET ADDRESS	5361 SW 90 AVE		2.3 STREE	T ADDRESS					
CITY-ST-ZIP	COOPER CITY FL	[2. 4 CITY-5	ST-ZIP					
TITLE	AVSD	☐ DELETE	3.1 TTLE				Chi	ange	
NAME	SUGERMAN, BARBARA		3.2 NAME						
STREET ADDRESS	4401 HOLLYWOOD BLVD		3.3 STREE	TADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL	<u> </u>	3.4. CITY-5	\ \				_	
TITLE	102211100012		4.1 TITLE				Chi	ange	
NAME			4. 2 NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	IT-ZIP					
TITLE			5.1 TITLE				Cha	ange	
NAME	}	ľ	5.2 NAME						
·-		1	5.3 STREE	TADDRESS					
STREET ADDRESS			5.4 CITY-S	1					
CITY-ST-ZIP			6.1 TITLE				Chá	nge	
TITLE	1	_ Decerie	6.2 NAME	-			_		
NAME				TADDOCCO					
STREET ADDRESS			6.3 STREE	TADDRESS					

CITY-ST-ZIP 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 617. 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.

SIGNATURE: