


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 725132 1. Entity Name RENAL ASSISTANCE INCORPORATED	
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Principal Place of Business 4401 HOLLYWOOD BLVD HOLLYWOOD, FL 33021 US	Mailing Address 4401 HOLLYWOOD BLVD HOLLYWOOD, FL 33021 US
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07072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1429145	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GOLDBERG, SEMET, LICKSTEIN & MORGENSTERN 201 ALHAMBRA CIRCLE, 8TH FL CORAL GABLES, FL 33134
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD SUGERMAN, DAVID L MD 11013 BOSTON DRIVE COOPER CITY, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD KOSTNER, DEBORAH 5361 SW 90 AVE COOPER CITY, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AVSD SUGERMAN, BARBARA 4401 HOLLYWOOD BLVD HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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07/12/04-80016-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: Deborah Kostner Deborah Kostner 7/8/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #