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Secretary of State
08-09-2007 90054 007 ****61.25

8/9

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 725132

1. Entity Name
RENAL ASSISTANCE INCORPORATED

Principal Place of Business	Mailing Address
4401 HOLLYWOOD BLVD HOLLYWOOD, FL 33021 US	4401 HOLLYWOOD BLVD HOLLYWOOD, FL 33021 US

66021662

05212007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1429145
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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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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 X [signature] x 6/30/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SUGERMAN, DAVID L MD
STREET ADDRESS	11013 BOSTON DRIVE
CITY-ST-ZIP	COOPER CITY, FL
TITLE	VSD
NAME	KOSTNER, DEBORAH
STREET ADDRESS	5361 SW 90 AVE
CITY-ST-ZIP	COOPER CITY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with any address, with all other like empowered.

SIGNATURE: [signature] 8/17/07 9549622211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #