

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jun 02, 2008 08:00 AM
Secretary of State

DOCUMENT # 725132

1. Entity Name
RENAL ASSISTANCE INCORPORATED



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

Mailing Address
4401 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021 US



05162008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1429145

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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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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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

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

(NOTE: Registered Agent signature required when reinstating)

000000952624
06/04/08-80088-013 61.25

Filing Fee is \$61.25
Due by September 12, 2008

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/08 (954) 912-2211
Date Daytime Phone #