

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90334 037 ***150.00

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01082007 Chg-P CR2E034 (12/06)

DOCUMENT # F89486	
1. Entity Name NORTH BEACH DIALYSIS CENTER, INC.	



Principal Place of Business 16800 NW SECOND AVE #208 NORTH MIAMI BEACH, FL 33169 US	Mailing Address 16800 NW SECOND AVE #208 NO MIAMI BEACH, FL 33169 US
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2. Principal Place of Business - No P.O. Box # 17801 NW 2nd AVE Suite, Apt. #, etc. 229	3. Mailing Address 19559 NE 10th AVE Suite, Apt. #, etc.
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City & State MIAMI, FL	City & State N.M.B, FL
Zip 33169	Zip 33179
Country U.S.A.	Country U.S.A.

6. Name and Address of Current Registered Agent BIRNBAUM, MARC P 1041 IVES DAIRY RD STE 238 MIAMI, FL 33179	
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7. Name and Address of New Registered Agent Name: BIRNBAUM, MARC P Street Address (P.O. Box Number is Not Acceptable) 1041 Ives Dairy Rd Ste 228 City: Miami FL Zip Code: 33179	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JACOB, ALLAN, I. MD 16401 NW 2ND ST. NO. MIAMI BCH., FL <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	V FERNANDEZ, ARTURO J 2021 NW 178TH TERR PEMBROKE PINES, FL <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 type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Arturo Fernandez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>1/25/07</u> <small>Date</small>