

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # F89486

1. Entity Name
NORTH BEACH DIALYSIS CENTER, INC.



Principal Place of Business

**17801 NW 2ND AVE
229
NORTH MIAMI BEACH, FL 33169 US**

Mailing Address

**17801 NW 2ND AVE
229
NORTH MIAMI BEACH, FL 33169 US**



02042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2209927

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BIRNBAUM, MARC P
1041 IVES DAIRY RD STE 228
MIAMI, FL 33179**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

000000381554
04/16/08-80009-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JACOB, ALLAN, I. MD
STREET ADDRESS	16401 NW 2ND ST.
CITY-ST-ZIP	NO. MIAMI BCH., FL
TITLE	V
NAME	FERNANDEZ, ARTURO J
STREET ADDRESS	2021 NW 178TH TERR
CITY-ST-ZIP	PEMBROKE PINES, FL
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 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:

Arturo Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/08

Date

305-6513261

Daytime Phone #