

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97000001413 (0)

1. Corporation Name

PHYSICIANS DIALYSIS OF AMERICA, INC.

Principal Place of Business

19599 N.E. 10 AVENUE  
NORTH MIAMI BEACH FL 33179

Mailing Address

19599 N.E. 10 AVENUE  
NORTH MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1997

4. FEI Number

65-0715774

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE  
NAME RAPPAPORT, KENNETH  
STREET ADDRESS 19599 N.W. 10 AVENUE  
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE VS ☐ DELETE  
NAME ROTTMAN, MICHAEL  
STREET ADDRESS 19599 N.W. 10 AVENUE  
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE D ☐ DELETE  
NAME JACOB, ALLAN I  
STREET ADDRESS 19599 N.W. 10 AVENUE  
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE D ☐ DELETE  
NAME GLASSER, CLIFF M  
STREET ADDRESS 19599 N.W. 10 AVENUE  
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE D ☒ DELETE  
NAME KRAUSE, JOSEPH  
STREET ADDRESS 19599 N.W. 10 AVENUE  
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE D ☒ DELETE  
NAME LAZAR, IRA  
STREET ADDRESS 19599 N.W. 10 AVENUE  
CITY-ST-ZIP NORTH MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VT ☐ Change ☒ Addition  
1.2 NAME ARTURO J. FERNANDEZ  
1.3 STREET ADDRESS 2021 NW 178 TERRACE  
1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33029

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Arturo Fernandez

1/19/98

(305)651-3261

CR2E034 (10/97)