

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State
 04-28-2000 90473 001 ***300.00

DOCUMENT # F97000001413

1. Entity 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 33179-3579
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10548



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0715774		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VT	TITLE	VICE PRESIDENT
NAME	FERNANDEZ, ARTURO J	NAME	BETTY LEO
STREET ADDRESS	2021 NW 178TH TERRACE	STREET ADDRESS	1304 SE SECOND TERRACE
CITY-ST-ZIP	PEMBROKE PINES FL 33029	CITY-ST-ZIP	DEERFIELD BEACH, FL. 33441
TITLE	VS	TITLE	
NAME	ROTTMAN, MICHAEL	NAME	
STREET ADDRESS	19599 N.W. 10 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	JACOB, ALLAN I	NAME	
STREET ADDRESS	19599 N.W. 10 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	GLASSER, CLIFF M	NAME	
STREET ADDRESS	19599 N.W. 10 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	GOMEZ, NORMA	NAME	
STREET ADDRESS	15850 SW 252 STREET	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33031	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arturo Fernandez 115/00 (305)651-3261
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)