


FILED  
May 01, 2007 8:00 am  
Secretary of State

04-03-2007 90116 001 \*\*\*450.00

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # F97000001413</b>			
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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01082007		Chg-P CR2E034 (12/06)	
4. FEI Number 65-0715774		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 (NOTE: Registered Agent's signature required when re-registering) DATE</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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT FERNANDEZ, ARTURO J 2021 NW 178TH TERRACE PEMBROKE PINES, FL 33029 <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	D JACOB, ALLAN I 19599 N.W. 10 AVENUE NORTH MIAMI BEACH, 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>		1125107 <small>Date</small>	



ATTACHMENT

66012329

April 23, 2007

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Ref: Physicians Dialysis of America, Inc.  
Document # F97000001413

Please find enclosed, the corrected annual report for Physician Dialysis of America, Inc. We inadvertently wrote down Mr. Marc Birnbaum as the new agent, and would like our current agent on file Corporation Service Company to remain the registered agent. We apologize for any inconvenience in this matter. If you need additional information please feel free to contact us at (305) 651-3261

Sincerely,

*Arturo Fernandez*

Arturo Fernandez, CFO

RECEIVED  
07 APR 26 AM 8:00  
DIVISION OF CORPORATIONS