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FILED

Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002144 (0)

1. Corporation Name  
CHARDONNAY DIALYSIS, INC.

Principal Place of Business

43625 MISSION BLVD., #203  
FREMONT CA 94539

Mailing Address

43625 MISSION BLVD., #203  
FREMONT CA 94539

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1997

4. FEI Number

94-3220022

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

GEER, MARTIN  
1402 E. LAS OLAS BLVD., #182  
FT LAUDERDALE FL 33301

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 ☐ DELETE

NAME  
PDC  
COMBS, DONNA  
6187 JARVIS AVE., #175  
STREET ADDRESS  
NEWARK CA 94580  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
VTDC  
GONZALEZ, CHARLENE  
37129 ST CHRISTOPHER ST.  
STREET ADDRESS  
NEWARK CA 94580  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
S  
ABRAHAM, TAMMY  
1550 SPRINGTOWN BLVD., #14F  
STREET ADDRESS  
LIVERMORE CA 94550  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
D  
GONZALES, MANUEL  
8840 LIMNOL  
STREET ADDRESS  
RENO NV 89508  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
D  
COMBS, KEVIN  
1286 BAFFIN WAY  
STREET ADDRESS  
LIVERMORE CA 94550  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
33646 Whimbrel Road  
Fremont, CA 94585

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
Abrahamzon, Tammy  
752 Los Alamos Ave.  
Livermore, CA 94550

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
2175 The Alameda #210  
San Jose, CA 95126

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
1956 Regulus Ct.  
Livermore, CA 94550

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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:

Charlene Gonzalez

4/2/98

(510) 661-0185

CR2E034 (10/97)