

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 23 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H58048** (0)  
1. Corporation Name  
**AMERICAN MEDICAL INTERNATIONAL DIALYSIS, INC.**

Principal Place of Business Mailing Address  
**1427 7TH ST.  
SANTA MONICA CA 90401** **1427 7TH ST.  
SANTA MONICA CA 90401**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/21/1985** 3a. Date of Last Report **04/01/1994**  
4. FEI Number **95-3705581** 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ 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 28 Zip Country 29 Zip Country  
24 25 29 30

## 9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

## 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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

|                |                                     |
|----------------|-------------------------------------|
| TITLE          | <b>CEO</b>                          |
| NAME           | <b>SPIRA, LAWRENCE</b>              |
| STREET ADDRESS | <b>1427 7TH ST.</b>                 |
| CITY-ST-ZIP    | <b>SANTA MONICA CA</b>              |
| TITLE          | <b>D</b>                            |
| NAME           | <b>BURRIER, VICKI</b>               |
| STREET ADDRESS | <b>TWO S. UNIVERSITY DR</b>         |
| CITY-ST-ZIP    | <b>PLANTATION FL</b>                |
| TITLE          | <b>SD</b>                           |
| NAME           | <b>REISS, SAUL</b>                  |
| STREET ADDRESS | <b>280 SOUTH BEVERLY DRIVE, @07</b> |
| CITY-ST-ZIP    | <b>BEVERLY HILLS CA</b>             |
| TITLE          | <b>D</b>                            |
| NAME           | <b>HARVEY, CLAUDIA</b>              |
| STREET ADDRESS | <b>993 JOHNSON FURY #130D</b>       |
| CITY-ST-ZIP    | <b>ATLANTA GA</b>                   |
| TITLE          |                                     |
| NAME           |                                     |
| STREET ADDRESS |                                     |
| CITY-ST-ZIP    |                                     |
| TITLE          |                                     |
| NAME           |                                     |
| STREET ADDRESS |                                     |
| CITY-ST-ZIP    |                                     |

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS |                                                                              |
| 1.4 CITY-ST-ZIP    |                                                                              |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS |                                                                              |
| 2.4 CITY-ST-ZIP    |                                                                              |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>REISS, SAUL</b>                                                           |
| 3.3 STREET ADDRESS | <b>280 South Beverly Drive, Suite 207</b>                                    |
| 3.4 CITY-ST-ZIP    | <b>Beverly Hills, CA 90212</b>                                               |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                                                              |
| 4.3 STREET ADDRESS |                                                                              |
| 4.4 CITY-ST-ZIP    |                                                                              |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                                                              |
| 5.3 STREET ADDRESS |                                                                              |
| 5.4 CITY-ST-ZIP    |                                                                              |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                                                              |
| 6.3 STREET ADDRESS |                                                                              |
| 6.4 CITY-ST-ZIP    |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]*

(PRINT AND TYPE ON PRINTED NAME OF DIRECTOR OR DIRECTOR)

3/8/95

(310) 550-6129

(Date)

(Telephone Number)