

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90081 026 ***150.00

DOCUMENT # H58048

1. Corporation Name

AMERICAN MEDICAL INTERNATIONAL DIALYSIS, INC.

Principal Place of Business

1427 7TH ST.
SANTA MONICA CA 90401

Mailing Address

1427 7TH ST.
SANTA MONICA CA 90401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1985

4. FEI Number

95-3705581

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes ☒ No

2. Principal Place of Business

21 7061 Cypress Rd

Suite, Apt. #, etc.

22 Suite 104

City & State

23 PLANTATION FL

Zip

24 33317

Country

25 USA

2a. Mailing Address

26 7061 Cypress Rd.

Suite, Apt. #, etc.

27 Suite # 104

City & State

28 PLANTATION FL

Zip

29 33317

Country

30 USA

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 LAWRENCE R. SPIRA M.D.

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

83 7061 Cypress Rd #104

84 PLANTATION FL 33317

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

3/10/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CEO SPIRA, LAWRENCE

STREET ADDRESS 1427 7TH ST. 7061 Cypress Rd

CITY-ST-ZIP SANTA MONICA CA PLANTATION FL 33317

TITLE ☐ DELETE

NAME D BURRIER, VICKI

STREET ADDRESS TWO S UNIVERSITY DR 7061 Cypress Rd

CITY-ST-ZIP PLANTATION FL 33317

TITLE ☐ DELETE

NAME SD REISS, SAUL

STREET ADDRESS 280 S BEVERLY DR ST 207

CITY-ST-ZIP BEVERLY HILLS CA

TITLE ☐ DELETE

NAME D HARVEY, CLAUDIA

STREET ADDRESS 993 JOHNSON FURY #130D

CITY-ST-ZIP ATLANTA GA

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99

Date

954-474-7701

Daytime Phone #

CR2E034 (11/98)