


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H58048</b>	
<b>1. Entity Name</b> AMERICAN MEDICAL INTERNATIONAL DIALYSIS, INC.	

<b>Principal Place of Business</b> 7061 CYPRESS RD STE 104 PLANTATION FL 33317	<b>Mailing Address</b> 7061 CYPRESS RD STE 104 PLANTATION FL 33317
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

**4. FEI Number** 95-3705581 ☐ **Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>  SPIRA, LAWRENCE R M.D. 7061 CYPRESS RD STE 104 PLANTATION FL 33317
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<b>7. Name and Address of New Registered Agent</b>
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** **\$5.00 May Be**  
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>CEO</b> SPIRA, LAWRENCE 7061 CYPRESS RD #104 PLANTATION FL 33317 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> BURRIER, VICKI 7061 CYPRESS RD #104 PLANTATION FL 33317 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> REISS, SAUL 280 S BEVERLY DR ST 207 BEVERLY HILLS CA <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> HARVEY, CLAUDIA 993 JOHNSON FURY #130D ATLANTA GA <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Vicki Buerrier Vicki Buerrier 2/24/05 954-474-7701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #