2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

- FILED DOCUMENT # H58048 Mar 22, 2006 08:00 AN 1. Entity Name **Secretary of State** AMERICAM MEDICAL INTERNATIONAL DIALYSIS, INC. Principal Place of Business Mailing Address 7061 CYPRESS RD STE 104 7061 CYPRESS RD STE 104 PLANTATION FL 33317 PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEi Number 95-3705581 Not Applicable Zip Country Country ZiD \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIRA, LAWRENCE R M.D. Street Address (P.O. Box Number is Not Acceptable) 7061 CYYPRESS RD **STE 104** PLANTATION FL 33317 City 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. Signature hyperior printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE CEO ☐ Delete TITLE Change □ Addition NAME SPIRA, LAWRENCE NAME STREET ADDRESS 7061 CYPRESS RD #104 STREET ADDRESS U00000477444 DITY-ST-ZIP PLANTATION FL 33317 CITY-ST-ZIP 04/06/06-60051-013-150 TITLE D ☐ Delete TITLE BURRIER, VICKI NAME STREET ADDRESS 7061 CYPRESS RD #104 STREET ADDRESS CITY-ST-7IP PLANTATION FL 33317 CITY-ST-7IP TATLE Delete DDF Change noijibbA 🔲 NAME REISS, SAUL NAME STREET ADDRESS STREET ADDRESS 280 S BEVERLY DR ST 207 CITY-ST-7IP CITY-ST-ZIP BEVERLY HILLS CA D ☐ Defete TITLE TITLE Change ☐ Addition NAME HARVEY, CLAUDIA NAME 993 JOHNSON FURY #130D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the Information supplied with this filing does not qualify for the exemptions contained in Section 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 tustee 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 agaress, with all other tiple empowered.

3/16/06