

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90056 040 ***150.00

DOCUMENT # H58048

1. Entity Name

AMERICAN MEDICAL INTERNATIONAL DIALYSIS, INC.



Principal Place of Business

7061 CYPRESS RD
STE 104
PLANTATION FL 33317

Mailing Address

7061 CYPRESS RD
STE 104
PLANTATION FL 33317

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-3705581

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIRA, LAWRENCE R M.D.
7061 CYPRESS RD
STE 104
PLANTATION FL 33317

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: CEO
NAME: SPIRA, LAWRENCE
STREET ADDRESS: 7061 CYPRESS RD #104
CITY-STATE-ZIP: PLANTATION FL 33317 ☐ Delete

TITLE: D
NAME: BURRIER, VICKI
STREET ADDRESS: 7061 CYPRESS RD #104
CITY-STATE-ZIP: PLANTATION FL 33317 ☐ Delete

TITLE: SD
NAME: REISS, SAUL
STREET ADDRESS: 280 S BEVERLY DR ST 207
CITY-STATE-ZIP: BEVERLY HILLS CA ☒ Delete

TITLE: D
NAME: HARVEY, CLAUDIA
STREET ADDRESS: 993 JOHNSON FURY #130D
CITY-STATE-ZIP: ATLANTA GA ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-STATE-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

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 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.

LAWRENCE SPIRA MD
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/2007

Date

954-474-7701

Daytime Phone #