


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90030 023 \*\*\*150.00

<b>DOCUMENT # J69073</b> 1. Entity Name <b>DIALYSIS ENTERPRISES, INC.</b>					
Principal Place of Business <b>1801 BARRS ST. DEPAUL BLDG., STE. 415 JACKSONVILLE, FL 32204-4727</b>			Mailing Address <b>1801 BARRS ST. DEPAUL BLDG., STE. 415 JACKSONVILLE, FL 32204-4727</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>3569 HEORICK ST.</b>  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State <b>JACKSONVILLE, FL</b> Zip      Country <b>32205      USA</b>		4. FEI Number <b>59-2797957</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b>  <b>BAKER, JAMES D III 1801 BARRS ST. SUITE 415 JACKSONVILLE, FL 32204-4723</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>JAMES D. BAKER, III</b> Street Address (P.O. Box Number is Not Acceptable) <b>3569 HEORICK ST.</b> City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32205</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BAKER, JAMES D III 1801 BARRS ST., STE. 415 JACKSONVILLE, FL 322044723		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b> <u>JAMES D. BAKER, III</u> <b>JAMES D. BAKER, III</b> 1/13/08 (904) 384-5333 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					