

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J69073

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** DIALYSIS ENTERPRISES, INC.

**Current Principal Place of Business:**

1801 BARRS ST.  
DEPAUL BLDG., STE. 415  
JACKSONVILLE, FL 322044727

**New Principal Place of Business:**

3569 HEDRICK STREET  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

3569 HEDRICK ST.  
JACKSONVILLE, FL 32205

**New Mailing Address:**

**FEI Number:** 59-2797957

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAKER, JAMES D III  
3569 HEDRICK ST.  
JACKSONVILLE, FL 32205 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: BAKER, JAMES D III  
Address: 3569 HEDRICK STREET  
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES D. BAKER, III

DPST

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date