


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90419 026 ***150.00

DOCUMENT # J93448 1. Entity Name SARASOTA PHYSICIANS' DIALYSIS CENTER, INC.					
Principal Place of Business 1921 WALDEMERE STREET SUITE 107 SARASOTA, FL 34239 US			Mailing Address 1921 WALDEMERE STREET SUITE 107 SARASOTA, FL 34239 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 65-0009778				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOERR, KENNETH D 240 SOUTH PINEAPPLE AVENUE 10TH FLOOR SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name CANDACE A. MAGIERA Street Address (P.O. Box Number is Not Acceptable) 1921 WALDEMERE ST. SUITE 107 City SARASOTA FL Zip Code 34239		
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 <u><i>Candace A. Magiera</i></u> DATE <u>3/29/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZENDEL, STEPHEN 1921 WALDEMERE STREET, SUITE 107 SARASOTA, FL 34239 <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	PD SILVERSTEIN, MARC E 1921 WALDEMERE STREET, SUITE 107 SARASOTA, FL 34239 <input checked="" 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	SD WEBER, HERMAN 1921 WALDEMERE STREET, SUITE 107 SARASOTA, FL 34239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COVER, DOMENICK 1921 WALDEMERE STREET, SUITE 107 SARASOTA, FL 34239 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" 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	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RAJAN P. GHOSE 1921 WALDEMERE ST #107 SARASOTA FL 34239		
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 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: <u><i>Stephen Zindel</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/29/04</u> Daytime Phone # <u>(941) 917-6447</u>		

attachment

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593448

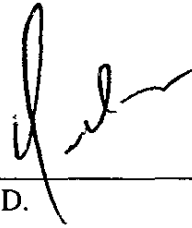
**RESOLUTION BY CONSENT OF THE DIRECTORS
OF
SARASOTA PHYSICIANS' DIALYSIS CENTER, INC.**

Effective as of December 18, 2003, all of the directors of Sarasota Physicians' Dialysis Center, Inc., a Florida corporation, acting pursuant to Section 607.0821, Florida Statutes, consent to the adoption of the following resolutions with the same effect as if duly adopted at a meeting of the directors, and consent to all corporate action authorized in the resolutions:

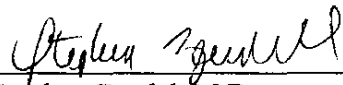
RESOLVED, that the following-named persons be, and hereby are, elected as officers of the corporation to serve in the respective offices shown below, until the next annual meeting of the directors, or until their respective successors be duly elected and qualify, whichever shall first occur:

Herman Weber, M.D.	-	President
Stephen Zendel, M.D.	-	Vice President
Domenick E. Cover, M.D.	-	Secretary
Ranjan P. Ghose, M.D.	-	Treasurer


It is hereby directed that this action by written consent be filed among the proceedings of the directors of the corporation, effective as of the date first above written.



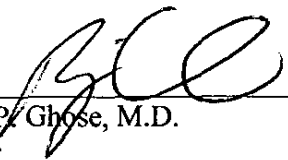
Herman Weber, M.D.
Director



Stephen Zendel, M.D.
Director



Domenick E. Cover, M.D.
Director



Ranjan P. Ghose, M.D.
Director