DOCUMENT # J93448 02-03-2005 90040 031 ***150.00 SARASOTA PHYSICIANS DIALYSIS CENTER, INC. Image Address 1921 WADDREES TIREET 1921 WADDREES TSREET 1921 WADDREES TIRET 1921 WADDREES TSREET 1921 WADDREES TIREET 1921 WADDREES TSREET 1920 WADDREES TIREET 1921 WADDREES TSREET 1920 WADDREES TSREET 1920 WADDREES TSREET 1920 WADDREES TSREET 1920 WADDREES TSREET 1920 WADDREES TSREET 1920 WADDREES TSREET 1921 WADDEWERE TS 1920 WADDREES TSREET 1921 WADDEWERE TS 1920 WADDREES TSREET 1921 WADDEWERE TSREET 1920 WADDREES TSREET 1921 WADDEWERE TSREET BUTTE 107 Adde to Free 1921 WADDREES TSREET, SUTE 107 Adde to Free 1921 WADDREES STREET, SUTE 107 Adde to Free 1921 WADDREES STREET, SUTE 107 Adde to Free		2005 FOR PROP ANNUA	FIT CORPORATIO	N	Feb 03, Secret	ALED 2005 8:00 am ary of State
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1921 WALDEMERE ST. IN THIS SPACE SARASOTA, FL 34239 IN THIS SPACE In the above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Immediate the obligations of registered agent. INGNATURE Sequere, yoed or drived name of registered agent. (MCE: flegistered Agent contacts registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Immediate the obligations of registered agent. INGNATURE State of the obligations of registered agent. (MCE: flegistered Agent contacts registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. INGNATURE State of Florida. I am familiar with, and accept the obligations of registered agent. (MCE: flegistered Agent contacts registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. INGNATURE State State of Florida. I am familiar with, and accept the obligations of registered agent. INGNATURE State State of Florida. I am familiar with add accept the obligations of registered agent. INGNATURE State State of Florida. I am familiar with and accept the obligation of registered agent. INGNATURE VE Election Campeling Florida. I am familiar with add accept the obligating the obligation of registered agent.	C			CE	4. FEI Number 65-0009778	Applied For Not Applicable
SIGNATURE Squature, speed or printed name of registered light and the 1 applicable (NOTE: Registered Agent signature required when resettering) DATE FILE NOW!!! :FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees. IDE OFFICERS AND DIRECTORS Added to Fees. INE VD WALE SARASOTA, FL 34239 ITHE P WWE SARASOTA, FL 34239 INE S COVER, DOMENICK 1921 WALDEMERE STREET, SUITE 107 STRET-MORES 1921 WALDEMERE STREET, SUITE 107 STRET-ST-2P SARASOTA, FL 34239 ITHE S COVER, DOMENICK 1921 WALDEMERE STREET, SUITE 107 STRET-MORES 1921 WALDEMERE STREET, SUITE 107 STRET-ST-2P SARASOTA, FL 34239 ITHE S WAWE COVER, DOMENICK 1921 WALDEMERE STREET, SUITE 107 DO NOT WRITE ITHE T GHOSE, RAHJAN 1921 WALDEMERE ST., #107 SARASOTA, FL 34239 IN THIS SPACE INF.ST-2P SARASOTA, FL 34239 INE SARASOTA, FL 34239 <	1921 WAL STE: 107	DEMERE ST.				
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