

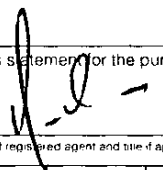
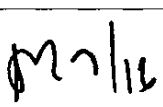
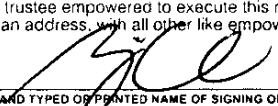


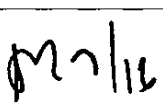
2007 FOR PROFIT CORPORATION ANNUAL REPORT

150

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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. 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				04272007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent MAGIERA, CANDACE A 1921 WALDEMERE ST. STE. 107 SARASOTA, FL 34239			7. Name and Address of New Registered Agent Name HERMAN WEBER MD Street Address (P.O. Box Number is Not Acceptable) 1921 WALDEMERE ST #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  DATE 7/10/07 <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, 2007 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	FINEMAN, STEVEN 1921 WALDEMERE ST #107 SARASOTA FL 34239	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WEBER, HERMAN 1921 WALDEMERE STREET, SUITE 107 SARASOTA, FL 34239	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100106630101 07/24/07--01023--026 \$200.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COVER, DOMENICK 1921 WALDEMERE STREET, SUITE 107 SARASOTA, FL 34239	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COVER DOMENICK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GHOSE, RAHJAN 1921 WALDEMERE ST., #107 SARASOTA, FL 34239	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GHOSE, RAHJAN	<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		<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
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.					
SIGNATURE:  Signature and typed or printed name of signing officer or director DATE Daytime Phone #					

FILED
07 JUL 12 PM 1:28
STATE
OF FLORIDA

7/10/07



Signature and typed or printed name of signing officer or director

DATE

Daytime Phone #

(941) 917-6447