


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2008 08:00 A
Secretary of State

DOCUMENT # J93448 1. Entity Name SARASOTA PHYSICIANS' DIALYSIS CENTER, INC.	
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Principal Place of Business 1921 WALDEMERE STREET SUITE 107 SARASOTA, FL 34239 US	Mailing Address 1921 WALDEMERE STREET SUITE 107 SARASOTA, FL 34239 US
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DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0009778	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEBER, HERMAN MD
1921 WALDEMERE ST.
STE. 107
SARASOTA, FL 34239**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable

DATE **1-31-08**

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FINEMAN, STEVEN 1921 WALDEMERE STREET, SUITE 107 SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBER, HERMAN 1921 WALDEMERE STREET, SUITE 107 SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COVER, DOMENICK 1921 WALDEMERE STREET, SUITE 107 SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GHOSE, RANJAN 1921 WALDEMERE ST., #107 SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/04/08-80020-024 150.00

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: _____ **1-3-08** **941-917-6585**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #