2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# J93448

Entity Name: SARASOTA PHYSICIANS' DIALYSIS CENTER, INC.

Current Principal Place of Business:

1921 WALDEMERE STREET
SUITE 107
SARASOTA, FL 34239 US

New Principal Place of Business:

Current Mailing Address:

1921 WALDEMERE STREET
SUITE 107
SARASOTA, FL 34239 US

New Mailing Address:

FEI Number: 65-0009778 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: FINEMAN, STEVEN
Address: 1921 WALDEMERE STREET, SUITE 107
City-St-Zip: SARASOTA, FL 34239 US

Title: P ( ) Delete
Name: WEBER, HERMAN
Address: 1921 WALDEMERE STREET, SUITE 107
City-St-Zip: SARASOTA, FL 34239 US

Title: V ( ) Delete
Name: COVER, DOMENICK
Address: 1921 WALDEMERE STREET, SUITE 107
City-St-Zip: SARASOTA, FL 34239 US

Title: S ( ) Delete
Name: GHOSE, RANJAN
Address: 1921 WALDEMERE ST., #107
City-St-Zip: SARASOTA, FL 34239

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DIR ( ) Change (X) Addition
Name: SASTRY, ASHOK
Address: 1921 WALDEMERE STREET, #107
City-St-Zip: SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HERMAN WEBER, MD P 02/23/2009

Electronic Signature of Signing Officer or Director — Date