

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN - 7 AM 10: 51

DOCUMENT # J94834 (5)
1. Corporation Name
DIALYSIS SERVICES OF SOUTHWEST FLORIDA, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/30/1987** 3a. Date of Last Report **04/13/1994**

4. FEI Number **65-0006464** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUTCHER, DAVID R.
1380 ROYAL PALM SQ. BLVD
FT. MYERS FL 33919**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **CAANTHAN, K. DEVA**
STREET ADDRESS **1380 ROYAL PALM SQ BLVD**
CITY - ST - ZIP **FT. MYERS FL**

11 TITLE ☐ Change ☐ Addition

TITLE **VP**
NAME **DELANS, RONALD**
STREET ADDRESS **1380 ROYAL PALM SQ BLVD**
CITY - ST - ZIP **FT. MYERS FL**

12 NAME ☐ Change ☐ Addition

TITLE **ST**
NAME **BUTCHER, DAVID**
STREET ADDRESS **1380 ROYAL PALM SQ BLVD**
CITY - ST - ZIP **FT. MYERS FL**

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE **VP**
NAME **VAN SECKLER, JOEL T.**
STREET ADDRESS **1380 ROYAL PALM SQ BLVD**
CITY - ST - ZIP **FT. MYERS, FL**

14 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

22 NAME ☐ Change ☐ Addition

23 STREET ADDRESS ☐ Change ☐ Addition

24 CITY - ST - ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition

32 NAME ☐ Change ☐ Addition

33 STREET ADDRESS ☐ Change ☐ Addition

34 CITY - ST - ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☒ Addition

42 NAME ☐ Change ☒ Addition

43 STREET ADDRESS ☐ Change ☒ Addition

44 CITY - ST - ZIP ☐ Change ☒ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS ☐ Change ☐ Addition

54 CITY - ST - ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS ☐ Change ☐ Addition

64 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature 1 Name 2