

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J96458

1. Entity Name
GULF COAST KIDNEY CENTER, INC.

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90006 017 ***150.00

Principal Place of Business
4802 GRAND BBLVD.
NEW PORT RICHEY FL 34652

Mailing Address
4802 GRAND BBLVD.
NEW PORT RICHEY FL 34652

940584



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2855378

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WU FEN-FEN
4802 GRAND BLVD.
NEW PORT RICHEY FL 34652

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Delete
NAME ROTTMAN, MICHAEL
STREET ADDRESS 19559 NE 10TH AVE
CITY-ST-ZIP N MIAMI BEACH FL 33179

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME LEO, BETTY
STREET ADDRESS 1304-SE 2ND TERR
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME FERNANDEZ, ARTURO
STREET ADDRESS 19559 NE 10TH AVE
CITY-ST-ZIP N MIAMI BEACH FL 33179

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME JACOB, ALLAN
STREET ADDRESS 19559 NE 10TH AVE
CITY-ST-ZIP N MIAMI BEACH FL 33179

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Arturo Fernandez VICE PRESIDENT 1/15/01

Date

Daytime Phone #

CR2E034 (10/00)