

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -4 AM 11:43

DOCUMENT # K06652

(7)

1. Corporation Name

BAY AREA DIALYSIS CENTER, INC.

Principal Place of Business

**1101 9TH ST. N. SUITE A
ST. PETERSBURG FL 33701**

Mailing Address

**1101 9TH ST. N. SUITE A
ST. PETERSBURG FL 33701**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/14/1987

3a. Date of Last Report

02/22/1994

4. FEI Number

59-2870037

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRASERTHDAM, MANUS
1201 5TH AVE N, STE 200
ST. PETERSBURG FL 33705**

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 fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	TUNTASIT, KITTI M.D.
STREET ADDRESS	1201 5TH AVE., N S-200
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	VPD
NAME	ACHARYA, MURALIDHAR K.
STREET ADDRESS	14134 NEPHRON LANE
CITY-ST-ZIP	HUDSON FL
TITLE	PD
NAME	PRASERTHDAM, MANUS M.D.
STREET ADDRESS	1201 5TH AVE., N S-200
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	D
2.3 STREET ADDRESS	ACHARYA, MURALIDHAR K
2.4 CITY-ST-ZIP	14134 NEPHRON LANE
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	HUDSON, FL
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(g), 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 recorder or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUS PRASERTHDAM, M.D.

1/26/95 (813) 895-1472