

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

3. Date Incorporated or Qualified  
**12/14/1987**

3a. Date of Last Report  
**04/04/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

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

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Country

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Country

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

**PRASERTHDAM, MANUS**

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

**1201 5th AVENUE NO. STE 306**

83

84 City

**ST. PETERSBURG**

FL

85 Zip Code

**33705**

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 the filer.

(If filer is Registered Agent, signature required when not filing.)

Date:

12. OFFICERS AND DIRECTORS

TITLE **STD** ☒ DELETE

NAME **TUNTASIT, KITTI M.D.**  
STREET ADDRESS **1201 5TH AVE., N S-200**  
CITY - ST - ZIP **ST. PETERSBURG FL**

TITLE **D** ☐ DELETE

NAME **ACHARYA, MURALIDHAR K.**  
STREET ADDRESS **14134 NEPHRON LANE**  
CITY - ST - ZIP **HUDSON FL**

TITLE **PD** ☐ DELETE

NAME **PRASERTHDAM, MANUS M.D.**  
STREET ADDRESS **1201 5TH AVE., N S-200**  
CITY - ST - ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **STD** ☒ Change ☐ Addition

1.2 NAME **TUNTASIT, KITTI M.D.**  
1.3 STREET ADDRESS **1201 5th AVENUE NO. S-410**  
1.4 CITY - ST - ZIP **ST. PETERSBURG, FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE **PD** ☒ Change ☐ Addition

3.2 NAME **PRASERTHDAM, MANUS M.D.**  
3.3 STREET ADDRESS **1201 5th AVENUE N S-306**  
3.4 CITY - ST - ZIP **ST. PETERSBURG FL**

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 119.07(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:

**MANUS PRASERTHDAM, M.D.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

**04/25/96**

Date:

**(813) 894-1122**

CR2E034 (12/95)