

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 # **L76096** (1)

1. Corporation Name

COMPLETE DIALYSIS CARE, INC.

FILED
Apr 26, 1996 08:00 AM
Secretary of State



Principal Place of Business

Mailing Address

% RACHEL M. BLOOMFIELD, D.O.
1505 N UNIVERSITY DR., SUITE 301
CORAL SPRINGS FL 33071

% RACHEL M. BLOOMFIELD, D.O.
1505 N UNIVERSITY DR., SUITE 301
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified
05/29/1990

3a. Date of Last Report
04/18/1995

2. Principal Place of Business
21 **7850 W. Sample Road**
Suite, Apt. #, etc.

2a. Mailing Address
26 **7850 W. SAMPLE ROAD**
Suite, Apt. #, etc.

4. FEI Number
65-0198418
Applied For
Not Applicable

22
City & State
23 **CORAL SPRINGS, FL**

27
City & State
28 **CORAL SPRINGS, FL**

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

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

24 **33065**
Zip

25 **U.S.A.**
Country

29 **33065**
Zip

30 **U.S.A.**
Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLOOMFIELD, RACHEL M., D.O.
1505 N. UNIV DR STE 301
CORAL SPGS FL 33071

*Please see address
change above.*

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

04/19/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BLOOMFIELD, RACHEL M.	
STREET ADDRESS	3351 W INVERRARY BLVD	
CITY - ST - ZIP	LAUDERHILL FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	VELASCO, ANITA C	
STREET ADDRESS	11470 NW 3RD PLACE	
CITY - ST - ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anita C Velasco - Treasurer

4/19/96

(305) 346-0628

Date

Daytime Phone #

CR2E034 (12/95)