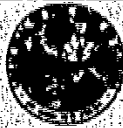


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M85607 (3)**

1. Corporation Name

**DELRAY DIALYSIS ASSOCIATES, INC.**

Principal Place of Business

**1300 NW 17TH AVE., SUITE 118  
DELRAY BEACH FL 33445**

Mailing Address

**1300 NW 17TH AVE., SUITE 118  
DELRAY BEACH FL 33445**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**06/15/1988**

3a. Date of Last Report

**02/04/1994**

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**30**

4. FEI Number

**65-0054767**

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

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

9. Name and Address of Current Registered Agent

**SHEEHAN, THOMAS A. III ESQ.  
625 NORTH FLAGLER DR., 9TH FLOOR  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

**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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

**TITLE** ST  
**NAME** ARRASCUE, JOSE F.  
**STREET ADDRESS** 2542 AVENUE AU SOLEIL  
**CITY - ST - ZIP** GULFSTREAM FL

**TITLE** V  
**NAME** SIROTZKY, LUIS  
**STREET ADDRESS** 459 S. COUNTRY CLUB ROAD  
**CITY - ST - ZIP** ATLANTIS FL

**TITLE** P  
**NAME** BAILIN, JOSHUA  
**STREET ADDRESS** 462 S. COUNTRY CLUB RD.  
**CITY - ST - ZIP** ATLANTIS FL

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE** P ☒ Change ☐ Addition  
**1.2 NAME** Luis Sirotzky  
**1.3 STREET ADDRESS** 459 S Country Club Rd  
**1.4 CITY - ST - ZIP** Atlantis, FL

**2.1 TITLE** VP ☒ Change ☐ Addition  
**2.2 NAME** Jose F. Arrascue  
**2.3 STREET ADDRESS** 2542 Avenue  
**2.4 CITY - ST - ZIP**

**3.1 TITLE** S/T ☒ Change ☐ Addition  
**3.2 NAME** Joshua Bailin  
**3.3 STREET ADDRESS** 462 S Country Club Rd  
**3.4 CITY - ST - ZIP** Atlantis, 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 110.07(3)(h), 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 REGISTERING OFFICER OR DIRECTOR

*Luis Sirotzky* - Luis Sirotzky/2/27/95 407 9657228