FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 -5 PM 3:59

DOCUMENT # **N22323** **(2)**

1. Corporation Name

END STAGE RENAL DISEASE NETWORK OF FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O SPERO MOUTSTASTOS ONE DAVIS BLVD. SUITE 304 TAMPA FL 33606	C/O SPERO MOUTSTASTOS ONE DAVIS BLVD. SUITE 304 TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/02/1987
3a. Date of Last Report: 04/18/1994
4. FEI Number: 65-0017673 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MOUTSATSOS, SPERO
ONE DAVIS BLVD
SUITE 304
TAMPA FL 33606

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	GERONEMUS, ROBERT	1.2 NAME		
STREET ADDRESS	2951 NW 49TH AVENUE, SUITE 101	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	CHUSID, PAULINE	2.2 NAME	PELLEGRINI, EDGARDO	
STREET ADDRESS	24 FALCONWOOD CT	2.3 STREET ADDRESS	9193 SW 72ND ST, SUITE 200	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	TD	3.1 TITLE		☒ Change ☐ Addition
NAME	GATES, HASKELL	3.2 NAME		
STREET ADDRESS	100 N TAMPA ST #2400	3.3 STREET ADDRESS	818 S ROME AVE	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	SD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	GROSS, SADALIA	4.2 NAME	ZAWISKI, MARK	
STREET ADDRESS	1400 S APOLLO BLVD.	4.3 STREET ADDRESS	7815 CORAL WAY, SUITE 115	
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	HANSEN, GARY	5.2 NAME		
STREET ADDRESS	1600 PHYSICIANS DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. Haskell Gates 2/22/95 (813) 251-8686
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — OFFICER OR DIRECTOR — Date — Daytime Phone #
W. Haskell Gates

000330