

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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

3. Date Incorporated or Qualified

**09/02/1987**

3a. Date of Last Report

**04/05/1995**

4. FEI Number

**65-0017673**

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

2a. Mailing Address

**21 c/o Spero Moutsatsos**

**26 c/o Spero Moutsatsos**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOUTSATSOS, SPERO  
ONE DAVIS BLVD  
SUITE 304  
TAMPA FL 33606**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **GERONEMUS, ROBERT**  
STREET ADDRESS **2951 NW 49TH AVENUE, SUITE 101**  
CITY-ST-ZIP **LAUDERDALE LAKES FL**

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **PELLEGRINI, EDGARDO**  
STREET ADDRESS **9193 SW 72 ST #200**  
CITY-ST-ZIP **MIAMI FL**

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **GATES, HASKELL**  
STREET ADDRESS **818 S. ROME AVE.**  
CITY-ST-ZIP **TAMPA FL**

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME **ZAWISKI, MARK**  
STREET ADDRESS **7815 CORAL WAY #115**  
CITY-ST-ZIP **MIAMI FL**

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

**860 SW 174th Terrace  
Pembroke Pines, FL 33029**

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **HANSEN, GARY**  
STREET ADDRESS **1609 PHYSICIANS DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL**

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 617, 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

**4/16/96**

**(813)251-8686**

Date

Daytime Phone #

CR2E037 (12/95)