

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **N22323** (2)
1. Corporation Name
END STAGE RENAL DISEASE NETWORK OF FLORIDA, INC.Principal Place of Business
**C/O SPERO MOUTSATSOS
ONE DAVIS BLVD. SUITE 304
TAMPA FL 33606
US**
Mailing Address
**C/O SPERO MOUTSATSOS
ONE DAVIS BLVD. SUITE 304
TAMPA FL 33606-3422
US**3. Date Incorporated or Qualified
09/02/1987 3a. Date of Last Report
05/01/19962. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country4. FEI Number
65-0017673 Applied For
☐ Not Applicable5. 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

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 type 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	PD	<input type="checkbox"/> DELETE
NAME	GERONEMUS, ROBERT	
STREET ADDRESS	2951 NW 49TH AVENUE, SUITE 101	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PELLEGRINI, EDGARDO	
STREET ADDRESS	9193 SW 72 ST #200	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GATES, HASKELL	
STREET ADDRESS	818 S. ROME AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ZAWISKI, MARK	
STREET ADDRESS	860 S W 174TH TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HANSEN, GARY	
STREET ADDRESS	1609 PHYSICIANS DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Director
5.3 STREET ADDRESS	BRAXTAN, THOMAS
5.4 CITY-ST-ZIP	1850 59TH ST W BRADENTON FL
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/97

(813)251-8686

Date Daytime Phone # 0042303

CR2E037 (9/96)