## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90182 043 \*\*\*\*61.25

## **DOCUMENT # N22323**

1. Corporation Name

END STAGE RENAL DISEASE NETWORK OF FLORIDA, INC.

Principal Place of Business C.O SPERO MOUTSATSOS ONE ( TAMP US

Mailing Address CIA SECO MONTOATOAS

DAVIS BLVD. SUITE 304 ONE DAVIS BLVD. SUITE 304 A FL 33606 TAMPA FL 33606 US		TAMPA FL 33606	
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3 Salarata de	Disco of Discionary	23 Moiline Address				Date incorporated or Qualifed		
21	Place of Business	2a. Mailing Address				09/02/1987		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number	Ap	lied For	
22		27			65-0017673	No	Applicable	
City & Sta	ate	City & State				5. Certificate of Status Desired	8.75 A Fee Re	-
Zip	Country	Zip	Cou	intry		6. Election Campaign Financing	\$5.00	May Be
24	25	29	30	_		Trust Fund Contribution	Added to	Fees
	9. Name and Address of Curre	nt Registered Agent		Γ,		10. Name and Address of New Registered Age	nt	
				81	Name			
MOUTSA	TSOS, SPERO			82	Street Addi	ress (P.O. Box Number is Not Acceptable)		
ONE DAY					0110017114			
SUITE 30				83				
• • • • • •	TAMPA FL 33606			84	City	FL®	5 Zip C	ode
SIGNATURE	Signature, typed or printed name of registered ag-		D7 E: Registered	Agen	t signature req lire	ad when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND D	IRECTO	 RS IN 12
12.	<del></del>	ND DIRECTORS			т.		Change	Additio
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TD GATES, HASKELL 8 18 S. ROME AVE. TAMPA FL SD ZAWISKI, MARK 8 860 S W 174TH TERRACE		2.4C 3.1 TI 3.2 N/ 3.3 S' 3.4. C 4.1 TI 4.2 N 4.3 S'	TITY-S TITLE AME TREET CITY-S TITLE HAME TREET	T-ZIP  ADDRESS T-ZIP  ADDRESS			☐ Additio

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

1850 59TH ST W

**BRADENTON FL** 

DELETE

Daytime Phone #

Change

☐ Addition