

**DOCUMENT # N22323**

1. Entity Name

**END STAGE RENAL DISEASE NETWORK OF FLORIDA, INC.****FILED**  
**Mar 16, 2000 8:00 am**  
**Secretary of State**

03-16-2000 90081 032 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| Principal Place of Business   | Mailing Address  |
| C/O SPERO MOUTSATSOS<br>ONE DAVIS BLVD. SUITE 304<br>TAMPA FL 33606<br>US | C/O SPERO MOUTSATSOS<br>ONE DAVIS BLVD. SUITE 304<br>TAMPA FL 33606-3422<br>US |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

|                                  |                          |                                |
|----------------------------------|--------------------------|--------------------------------|
| 4. FEI Number                    | 65-0017673               | Applied For                    |
|                                  |                          | Not Applicable                 |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |

**6. Name and Address of Current Registered Agent**  
  
MOUTSATSOS, SPERO  
ONE DAVIS BLVD  
SUITE 304  
TAMPA FL 33606**7. Name and Address of New Registered Agent**  
  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.**SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW:**  
**FEE IS \$61.25****9. Election Campaign Financing** ☐ **\$5.00 May Be**  
Trust Fund Contribution. Added to Fees**Make Check Payable to**  
**Department of State****10. OFFICERS AND DIRECTORS**

|                |                                |  |
|----------------|--------------------------------|--|
| 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 checked="" 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           | BRAXTAN, THOMAS                |  |
| STREET ADDRESS | 1850 59TH ST W                 |  |
| CITY-ST-ZIP    | BRADENTON FL                   |  |
| TITLE          |                                | <input type="checkbox"/> Delete            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                     |  |
|----------------|---------------------|--|
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          | Secretary           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Feinsmith, Paul     |  |
| STREET ADDRESS | 1730 N 55th Ave     |  |
| CITY-ST-ZIP    | Hollywood, FL 33021 |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

**12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE: W Haskell Gates 3/10/00 407-844-7325  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)