

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N22323**

1. Entity Name

END STAGE RENAL DISEASE NETWORK OF FLORIDA, INC.**FILED**
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90048 047 ****61.25

0039827

Principal Place of Business Mailing Address

C/O SPERO MOUTSATSOS
ONE DAVIS BLVD. SUITE 304
TAMPA FL 33606
US

C/O SPERO MOUTSATSOS
ONE DAVIS BLVD. SUITE 304
TAMPA FL 33606
US

B0053354

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0017673** Applied For
Not Applicable5. Certificate of Status Desired ☐ \$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 **Rosa Rivera-Mizzoni**

Street Address (P.O. Box Number is Not Acceptable)

1 Davis Boulevard, Suite 304

City **Tampa** **FL** Zip Code **33606**

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

Rosa Rivera-Mizzoni Executive Director 3/13/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PELLEGRINI, EDGARDO	
STREET ADDRESS	9193 SW 72ND ST #200	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HANSEN, GARY	
STREET ADDRESS	1609 PHYSICIANS DR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROBINSON, KRIS	
STREET ADDRESS	100 S ASHLEY DR STE 280	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FEINSMITH, PAUL	
STREET ADDRESS	1730 N. 55TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAXTAN, THOMAS	
STREET ADDRESS	1850 59TH ST W	
CITY-ST-ZIP	BRADENTON FL 34208	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3505 East Frontage Road #315	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	508 Manatee Avenue	
CITY-ST-ZIP	Bradenton, FL 34208	
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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED**3/14/02****813-636-8100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)