

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90105 039 *****61.25

DOCUMENT # N22323

1. Entity 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
US**

90014312



2. Principal Place of Business

**C/O Rosa A. Rivera-Mizzoni
Suite, Apt. #, etc.
600 South Magnolia Suite 300
City & State
Tampa FL**

3. Mailing Address

**Same as
City & State
#2**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0017673**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RIVERA-MIZZONI, ROSA
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rosa A. Rivera-Mizzoni
Signature, typed or printed name of registered agent and title if applicable.

Rosa A. Rivera-Mizzoni Executive Director 1-7-03
(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **PELLEGRINI, EDGARDO**
STREET ADDRESS **9193 SW 72ND ST #200**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **VD** ☒ Delete
NAME **HANSEN, GARY**
STREET ADDRESS **1609 PHYSICIANS DR**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **TD** ☒ Delete
NAME **ROBINSON, KRIS**
STREET ADDRESS **3505 E FRONTAGE RD #315**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **D** ☐ Delete
NAME **FEINSMITH, PAUL**
STREET ADDRESS **1730 N. 55TH AVE**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **SD** ☐ Delete
NAME **BRAXTAN, THOMAS**
STREET ADDRESS **508 MANATEE AVE**
CITY-ST-ZIP **BRADENTON FL 34208**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Peters, Thomas**
STREET ADDRESS **580 West 8th Street Suite 800**
CITY-ST-ZIP **Jacksonville, FL 32209**

TITLE ☐ Change ☒ Addition
NAME **Gates, Haskell**
STREET ADDRESS **1040 Woodcock Rd #119**
CITY-ST-ZIP **Orlando, FL 32803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Rosa A. Rivera-Mizzoni
1-7-03 251-8686

CR2E037 (10/02)