

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000034

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** THE DIALYSIS FOOD FOUNDATION OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

290-174TH ST.  
2012  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

290-174TH ST.  
2012  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

**FEI Number:** 65-0721284      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BRADFORD, JAMES N JR  
2100 W 76TH ST  
STE 211  
HIALEAH, FL 33016 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DE VRIES, LORETTA  
Address: 290-174TH ST.  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: DV ( ) Delete  
Name: LAMBE, SHERENE  
Address: 7737 HARBOUR BLVD  
City-St-Zip: MIRAMAR, FL 33023

Title: SDT ( ) Delete  
Name: ESTEVEZ, STELLA  
Address: 20291 NE 30TH AVE. APT. 105  
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete  
Name: HUNDY, NIGEL REV  
Address: 590 NW 159TH ST  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: SICHAK, SCOTT  
Address: 831 NE 182 TERRACE  
City-St-Zip: N MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORETTA DEVRIES

PD

05/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date