

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000034

FILED
Mar 07, 2008
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DEVRIES, LORETTA
290 - 174TH STREET
SUITE 2012
SUNNY ISLES BEACH, FL 33160 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: LORETTA DEVRIES

03/07/2008

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

P

03/07/2008

Electronic Signature of Signing Officer or Director

Date