

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000034

FILED  
Mar 05, 2009  
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:**

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

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

Title: D (X) Change ( ) Addition  
Name: LAMBE, SHERENE  
Address: 7737 HARBOUR BLVD  
City-St-Zip: MIRAMAR, FL 33023

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

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

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

Title: D ( ) Change (X) Addition  
Name: SICHAK, GOLDIE  
Address: 831 NE 182 TERRACE  
City-St-Zip: N MIAMI BEACH, FL 33162

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

03/05/2009

Electronic Signature of Signing Officer or Director

Date