

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000049527	
1. Entity Name DIALYSIS CARE, P.A.	
Principal Place of Business 1500 NORTH DIXIE HIGHWAY SUITE 206 W. PALM BEACH, FL 33401	Mailing Address 1500 NORTH DIXIE HIGHWAY SUITE 206 W. PALM BEACH, FL 33401



07022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1018741	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VEGA, SERGIO
1500 NORTH DIXIE HIGHWAY
SUITE 206
W. PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR VEGA, SERGIO R 1500 NORTH DIXIE HIGHWAY, #206 W. PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR VEGA, SERGIO 1500 NORTH DIXIE HIGHWAY, #206 W. PALM BEACH, FL 33401
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07/07/08-80008-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-08

Date

561-655-7889

Daytime Phone #