

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000108985

**FILED**  
**Apr 07, 2008**  
**Secretary of State**

**Entity Name:** A & C DIALYSIS SERVICE NETWORK INCORPORATED

**Current Principal Place of Business:**

4160 W 16 AVE  
#504  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 142027  
CORAL GABLES, FL 33014

**New Mailing Address:**

**FEI Number:** 65-1078583

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARRERO, RAMIRO JR  
260 COCOPLUM ROAD  
CORAL GABLES, FL 33143 US

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

MARRERO, RAMIRO SR  
260 COCOPLUM ROAD  
CORAL GABLES, FL 33143 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: RAMIRO MARRERO SR

04/07/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MARRERO, RAMIRO JR  
Address: PO BOX 142027  
City-St-Zip: CORAL GABLES, FL 33114

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

Title: D (X) Change ( ) Addition  
Name: MARRERO, RAMIRO SR  
Address: PO BOX 142027  
City-St-Zip: CORAL GABLES, FL 33114

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMIRO MARRERO SR

DIR

04/07/2008

Electronic Signature of Signing Officer or Director

Date