

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # Boca Raton Dialysis Service Inc

1. Entity Name

PO1000072326

03 APR -1 AM 8:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9731 D BOCA GARDENS PKWY - SAME

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

City & State

4. FEI Number

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

33496

Country

USA

Zip

Country

5. Certificate of Status Desired

\$0.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

William CHALMAN

Street Address (P.O. Box Number is Not Acceptable)

1430 B SW 25TH AVE

City

BOYNTON Bch, FL

FL

Zip Code

33426

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DIRECTOR
DARRIN CRASTREE
9731 D BOCA GARDENS PKWY
BOCA RATON, FL. 33496

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

500015026455
04/01/03-01044-007 **300.00

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03

Date

Daytime Phone #

561-704-3925

CR2E034B (12/01)

Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

03/28/03

Re: Boca Raton Dialysis Service, Inc.
P01000072326

Sir:

Upon a recent visit to my personal business accountant he observed that my state of Florida corporation status has been dissolved. This is the first notice of such an occurrence we have received. We have been functioning as a corporation since its inception in 2001; and wish to do so in an appropriate manner with your department and the state of Florida.

In a gesture to correct this matter and reinstate the corporation you will find enclosed with this letter a check in the amount of \$300.00. This is to provide for the \$150.00 renewal fees due for the years 2002 and 2003. Also provided is the signed UBR Form for this this year's reinstatement.

Thank you very much for your time given to this matter.

Sincerely,

Darrin Crabtree