

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90375 035 ***158.75

DOCUMENT # P02000103730

1. Entity Name
FLORIDA DIALYSIS INSTITUTE, INC.



Principal Place of Business
**9999 NE SECOND AVENUE
SUITE 118
MIAMI SHORES, FL 33138-2344**

Mailing Address
**PO BOX 530185
MIAMI SHORES, FL 33153-9998**

64006000



2. Principal Place of Business
9999 N.E. SECOND AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 119

City & State

City & State

MIAMI SHORES, FL

Zip

Country

Zip

Country

33138

04272004

Chg-P

CR2E034 (10/03)

4. FEI Number
54-2078919

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZEVALLOS, JULIO R
7145 SW 103 CIRCLE
MIAMI, FL 33173**

Name

ZEVALLOS, JULIE R.

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

City

FL

Zip Code

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SANCHEZ-FORTIS, ALFREDO
9999 NE SECOND AVENUE
MIAMI SHORES, FL 331382344**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
DUMENIGO, FEDERICO
1325 SW 1ST STREET
MIAMI, FL 33135**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

4-28-04

Date

786-621-8888

Daytime Phone #