

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000103730

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: FLORIDA DIALYSIS INSTITUTE, INC.

**Current Principal Place of Business:**

9999 N.E. SECOND AVENUE  
SUITE 119  
MIAMI SHORES, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

9999 NE SECOND AVE  
SUITE 119  
MIAMI SHORES, FL 33138

**New Mailing Address:**

FEI Number: 54-2078919

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PEREZ, BETSY D  
9999 NE SECOND AVE  
SUITE 119  
MIAMI, FL 33138 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SANCHEZ-FORTIS, ALFREDO  
Address: 9999 NE SECOND AVENUE  
City-St-Zip: MIAMI SHORES, FL 331382344

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

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

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: ALFREDO SANCHEZ FORTIS

MD

03/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date