

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000103730

1. Entity Name
FLORIDA DIALYSIS INSTITUTE, INC.



Principal Place of Business
1325 S.W. 1ST ST.
MIAMI FL 33135

Mailing Address
1325 S.W. 1ST ST.
MIAMI FL 33135

FILED
03 JUN -6 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
9999 N.E. SECOND AVENUE
3. Mailing Address
P.O. BOX 530185

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 118

City & State

City & State

Miami Shores, FL

Miami Shores, FL

Zip

Country

Zip

Country

33138-2344 Miami-Dade

33153-9998

USA

4. FEI Number

54-2078919

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MENDEZ, EDUARDO J
8370 WEST FLAGLER ST.
SUITE 234
MIAMI FL 33144-2040

7. Name and Address of New Registered Agent

Name

JULIE R. ZEVALLOS

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

7145 SW 103 ST circle

City

Miami

FL

Zip Code

33173

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-29-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
DUMENIGO, FEDERICO
1325 S.W. 1ST ST.
MIAMI FL 33135 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ALFREDO SANCHEZ-FORTIS
9999 N.E. SECOND AVENUE Suite 118
MIAMI SHORES, FL 33138-2344 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/S/D
FEDERICO DUMENIGO
1325 SW 1ST STREET
MIAMI, FL. 33135 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ALFREDO SANCHEZ-FORTIS
9999 N.E. Second Avenue Suite 118
MIAMI SHORES, FL 33138-2344 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000020777660
06/11/03--01048--008 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: X ALFREDO SANCHEZ-FORTIS 5/15/03 (786) 621-4888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)