

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000146381

1. Entity Name
DIALYSIS PARTNERS I, INC.



FILED

05 MAR 14 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3885 OAKWATER CIRCLE
SUITE 2
ORLANDO, FL 32806

Mailing Address
3885 OAKWATER CIRCLE
SUITE 2
ORLANDO, FL 32806

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

02112005 REIN-P CR2E098 (6/04)

4. FEI Number
20-0457962

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUCHANAN, REX
3885 OAKWATER CIRCLE
SUITE 2
ORLANDO, FL 32806

7. Name and Address of New Registered Agent

Name
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 \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBOTT, LIONEL C 3885 OAKWATER CIRCLE, SUITE 2 ORLANDO, FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABREU, ELPIDIO A 3885 OAKWATER CIRCLE, SUITE 2 ORLANDO, FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BHARGAVA, AMIT 885 OAKWATER CIRCLE, SUITE 2 ORLANDO, FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, JEFFREY M 3885 OAKWATER CIRCLE, SUITE 2 ORLANDO, FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRANAGA, JORGE A 3885 OAKWATER CIRCLE, SUITE 2 ORLANDO, FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADAN, ARVIND 3885 OAKWATER CIRCLE, SUITE 2 ORLANDO, FL 32806	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
500050509975 04/12/05--01008--012 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE: Timothy L. Prince Timothy L. Prince 3-8-05 407-857-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P. A.

ATTORNEYS AND COUNSELORS AT LAW

P. O. BOX 2346
ORLANDO, FLORIDA 32802-2346

800 NORTH MAGNOLIA AVENUE
SUITE 1500
ORLANDO, FLORIDA 32803

(407) 841-1200
FAX (407) 423-1831

March 11, 2005

Stephen R. Looney
Board Certified Tax Lawyer
Direct Dial: 407-428-5128
Email: slooney@deanmead.com

VIA DHL

Uniform Business Report
Division of Corporations
Florida Department of State
409 East Gaines Street
Tallahassee, FL 32399

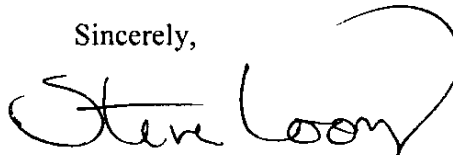
Re: 2004 For Profit Corporation Annual Report
for Dialysis Partners I, Inc.

Dear Sir or Madam:

Our client, Dialysis Partners I, Inc., has no record of having received the 2004 For Profit Corporation Annual Report that you sent out in January, 2004. Please accept for filing the enclosed 2005 for Profit Corporation Reinstatement for Dialysis Partners I, Inc., together with the enclosed check in the amount of \$300.00 to cover the filing fee for 2004 and 2005.

If you have any questions concerning this matter, please contact us at your earliest convenience.

Sincerely,



Stephen R. Looney

SRL/lls
Enclosures
cc: Rex Buchanan, Administrator

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