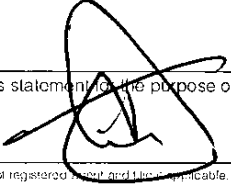
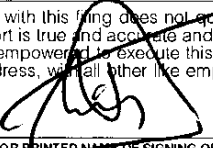


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90034 013 ***150.00

DOCUMENT # P03000146381					
1. Entity Name DIALYSIS PARTNERS I, INC.					
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 - No P.O. Box # 4750 Old Canoe Creek Rd.		3. Mailing Address 4750 Old Canoe Creek Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St. Cloud, FL		City & State St. Cloud, FL		4. FEI Number 20-0457962	
Zip 34769		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, JEFFREY 3885 OAKWATER CIRCLE SUITE 2 ORLANDO FL 32806			7. Name and Address of New Registered Agent Name: <u>Jorge Larranaga</u> Street Address (P.O. Box Number is Not Acceptable): <u>4750 Old Canoe Creek Rd.</u> City: <u>St. Cloud,</u> <u>FL</u> <u>34769</u>		
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:  (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY ST ZIP	D ☐ Delete ABBOTT, LIONEL C 3885 OAKWATER CIRCLE, SUITE 2 ORLANDO FL 32806				
TITLE NAME STREET ADDRESS CITY ST ZIP	D ☐ Delete ABREU, ELPIDIO A 3885 OAKWATER CIRCLE, SUITE 2 ORLANDO FL 32806				
TITLE NAME STREET ADDRESS CITY ST ZIP	D ☐ Delete BHARGAVA, AMIT 3885 OAKWATER CIRCLE, SUITE 2 ORLANDO FL 32806				
TITLE NAME STREET ADDRESS CITY ST ZIP	D ☐ Delete COHEN, JEFFREY M 3885 OAKWATER CIRCLE, SUITE 2 ORLANDO FL 32806				
TITLE NAME STREET ADDRESS CITY ST ZIP	D ☐ Delete LARRANAGA, JORGE A 3885 OAKWATER CIRCLE, SUITE 2 ORLANDO FL 32806				
TITLE NAME STREET ADDRESS CITY ST ZIP	D ☐ Delete MADAN, ARVIND 3885 OAKWATER CIRCLE, SUITE 2 ORLANDO FL 32806				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY ST ZIP	D ☐ Change ☒ Addition Gopen Mukherjee 3885 Oakwater Circle, Suite 2 Orlando, FL 32806				
TITLE NAME STREET ADDRESS CITY ST ZIP	D ☐ Change ☒ Addition Lazaro Delgado 3885 Oakwater circle, suite 2 Orlando, FL 32806				
TITLE NAME STREET ADDRESS CITY ST ZIP	D ☐ Change ☒ Addition Mark Williams 3885 Oakwater circle, suite 2 Orlando, FL 32806				
TITLE NAME STREET ADDRESS CITY ST ZIP	D ☐ Change ☒ Addition Timothy Prince 3885 Oakwater circle, suite 2 Orlando, FL 32806				
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 exemptions contained in Section 119, 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					
Date: _____ Daytime Phone #: _____					