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	Mailing Address
3885 OAKWATER CIRCLE SUITE 2 ORLANDO FL 32806	3885 OAKWATER CIRCLE SUITE 2 ORLANDO FL 32806

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4750 Old Canoe Creek Rd.	4750 Old Canoe Creek Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Cloud, FL	City & State: St. Cloud, FL
Zip: 34769 Country: USA	Zip: 34769 Country: USA

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	7. Name and Address of New Registered Agent
COHEN, JEFFREY 3885 OAKWATER CIRCLE SUITE 2 ORLANDO FL 32806	Name: Jorge Larranaga Street Address (P.O. Box Number is Not Acceptable): 4750 Old Canoe Creek Rd. City: St. Cloud, FL Zip Code: 34769

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, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABBOTT, LIONEL C 3885 OAKWATER CIRCLE, SUITE 2 ORLANDO FL 32806	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Gopen Mukherjee 3885 Oakwater Circle, Suite 2 Orlando, FL 32806	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABREU, ELPIDIO A 3885 OAKWATER CIRCLE, SUITE 2 ORLANDO FL 32806	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST-ZIP	D Lazaro Delgado 3885 Oakwater circle, Suite 2 Orlando, FL 32806	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BHARGAVA, AMIT 3885 OAKWATER CIRCLE, SUITE 2 ORLANDO FL 32806	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Mark Williams 3885 Oakwater circle, Suite 2 Orlando, FL 32806	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COHEN, JEFFREY M 3885 OAKWATER CIRCLE, SUITE 2 ORLANDO FL 32806	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Timothy Prince 3885 Oakwater circle, Suite 2 Orlando, FL 32806	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LARRANAGA, JORGE A 3885 OAKWATER CIRCLE, SUITE 2 ORLANDO FL 32806	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MADAN, ARVIND 3885 OAKWATER CIRCLE, SUITE 2 ORLANDO FL 32806	☐ Delete	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 #