

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146381

Entity Name: DIALYSIS PARTNERS I, INC.

FILED
Apr 01, 2009
Secretary of State

Current Principal Place of Business:

4750 OLD CANOE CREEK RD.
SAINT CLOUD, FL 34769

New Principal Place of Business:

3885 OAKWATER CIRCLE
ORLANDO, FL 32806

Current Mailing Address:

4750 OLD CANOE CREEK RD.
SAINT CLOUD, FL 34769

New Mailing Address:

3885 OAKWATER CIRCLE
ORLANDO, FL 32806

FEI Number: 20-0457962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARRANAGA, JORGE
4750 OLD CANOE CREEK RD
SAINT CLOUD, FL 34769 US

Name and Address of New Registered Agent:

LARRANAGA, JORGE
3885 OAKWATER CIRCLE
ORLANDO, FL 32806 US

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:

04/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ABBOTT, LIONEL C
Address: 3885 OAKWATER CIRCLE, SUITE 2
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: ABREU, ELPIDIO A
Address: 3885 OAKWATER CIRCLE, SUITE 2
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: BHARGAVA, AMIT
Address: 885 OAKWATER CIRCLE, SUITE 2
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: COHEN, JEFFREY M
Address: 3885 OAKWATER CIRCLE, SUITE 2
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: LARRANAGA, JORGE A
Address: 3885 OAKWATER CIRCLE, SUITE 2
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: MADAN, ARVIND
Address: 3885 OAKWATER CIRCLE, SUITE 2
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: BHARGAVA, AMIT
Address: 3885 OAKWATER CIRCLE, SUITE 2
City-St-Zip: ORLANDO, FL 32806

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

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

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: JEFFREY COHEN

D

04/01/2009

Electronic Signature of Signing Officer or Director

Date