

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146381

FILED
Apr 04, 2012
Secretary of State

Entity Name: DIALYSIS PARTNERS I, INC.

Current Principal Place of Business:

3885 OAKWATER CIRCLE
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

3885 OAKWATER CIRCLE
ORLANDO, FL 32806

New Mailing Address:

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
3885 OAKWATER CIRCLE
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: ABBOTT, LIONEL C
Address: 3885 OAKWATER CIRCLE
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: ABREU, ELPIDIO A
Address: 3885 OAKWATER CIRCLE
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: BHARGAVA, AMIT
Address: 3885 OAKWATER CIRCLE
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: COHEN, JEFFREY M
Address: 3885 OAKWATER CIRCLE
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: LARRANAGA, JORGE A
Address: 3885 OAKWATER CIRCLE
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: MADAN, ARVIND
Address: 3885 OAKWATER CIRCLE
City-St-Zip: ORLANDO, FL 32806

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY COHEN

D

04/04/2012

Electronic Signature of Signing Officer or Director

Date