

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90116 009 \*\*\*150.00

**DOCUMENT # P04000099767**

1. Entity Name  
**DIALYSIS CONSTRUCTION MANAGEMENT SERVICES, INC.**



Principal Place of Business  
**4875 NE 20TH TERR.  
FT. LAUDERDALE, FL 33308**

Mailing Address  
**4875 NE 20TH TERR.  
FT. LAUDERDALE, FL 33308**

**50014468**



2. Principal Place of Business  
**2004 NE 49th St**  
Suite, Apt. #, etc.

3. Mailing Address  
**2004 NE 49th St**  
Suite, Apt. #, etc.

02082006 Chg-P CR2E034 (11/05)

City & State  
**Ft Lauderdale, FL**  
Zip  
**33308** Country  
**USA**

City & State  
**Ft Lauderdale, FL**  
Zip  
**33308** Country  
**USA**

4. FEI Number  
**20-1305943** Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BARTOLOME, ELMO V  
4875 NE 20TH TERR.  
FT. LAUDERDALE, FL 33308**

**7. Name and Address of New Registered Agent**

Name  
**Bartolome Elmo**  
Street Address (P.O. Box Number is Not Acceptable)  
**2004 NE 49th St.**  
City **Ft Lauderdale** FL Zip Code **33308**

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]* **Elmo Bartolome**

**4/11/06**  
DATE

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BARTOLOME, ELMO V</b>	
STREET ADDRESS	<b>4875 NE 20TH TERR.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33308</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>BARTOLOME, DELILAH</b>	
STREET ADDRESS	<b>4100 GALT OCEAN DR., #910</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33308</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bartolome, Elmo V</b>	
STREET ADDRESS	<b>2004 NE 49th St</b>	
CITY-ST-ZIP	<b>Ft Lauderdale, FL 33308</b>	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bartolome, Delilah</b>	
STREET ADDRESS	<b>2004 NE 49th St.</b>	
CITY-ST-ZIP	<b>Ft Lauderdale, FL 33308</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]* **Elmo Bartolome**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/06**  
Date

Daytime Phone #