

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000148200

FILED
Apr 25, 2007
Secretary of State

Entity Name: ACUTE CARE DIALYSIS SERVICES INC

Current Principal Place of Business:

P O BOX 22123
WEST PALM BEACH, FL 33417

New Principal Place of Business:

12860 62ND LN N
WEST PALM BEACH, FL 33412

Current Mailing Address:

P O BOX 22123
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 20-1812796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGONIGLE, J
7027 W BROWARD BLVD
280
PLANTATION, FL 33317 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOOTH, TRACY D
Address: 12860 62 LANE NORTH
City-St-Zip: WEST PALM BEACH, FL 33412

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TRACY D BOOTH

PD

04/25/2007

Electronic Signature of Signing Officer or Director

Date