

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000036229

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** PHYSICIANS DIALYSIS MIAMI, INC.

**Current Principal Place of Business:**

10500 NORTHWEST 7TH AVENUE  
MIAMI, FL 33168

**New Principal Place of Business:**

**Current Mailing Address:**

19559 NORTHEAST 10TH AVENUE  
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

**FEI Number:** 27-2457830

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARC BIRNBAUM, P.A.  
1041 IVES DAIRY ROAD  
SUITE 238  
MIAMI, FL 33179 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:** PD  
**Name:** JACOB, ALLAN I  
**Address:** 536 WEST 47TH STREET  
**City-St-Zip:** MIAMI BEACH, FL 33140

**Title:** VP  
**Name:** JEGER, STEVEN B  
**Address:** 19559 NE 10TH AVE  
**City-St-Zip:** N. MIAMI BEACH, FL 33179

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:** STEVEN B. JEGER

VP

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date