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**95 APR 25 AM 8:52**

**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000038433 (7)**

1. Corporation Name  
**FLAMINGO PARK KIDNEY CENTER, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business <b>7815 CORAL WAY #115 MIAMI FL 33155</b>	Mailing Address <b>7815 CORAL WAY #115 MIAMI FL 33155</b>
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3. Date Incorporated or Qualified <b>05/28/1993</b>	3a. Date of Last Report <b>08/26/1994</b>
4. FEI Number <b>65-0431823</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

**ZAWISKI, MARK  
7815 CORAL WAY #115  
MIAMI FL 33155**

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>DV</b>	NAME <b>ZAWISKI, MARK</b>
STREET ADDRESS <b>7815 CORAL WAY #115</b>	CITY - ST - ZIP <b>MIAMI FL 33155</b>
TITLE <b>CEO</b>	NAME <b>ZAWISKI, MARK</b>
STREET ADDRESS <b>7815 CORAL WAY #115</b>	CITY - ST - ZIP <b>MIAMI FL 33155</b>
TITLE <b>DP</b>	NAME <b>GALVEZ, OSCAR G</b>
STREET ADDRESS <b>7815 CORAL WAY #115</b>	CITY - ST - ZIP <b>MIAMI FL 33155</b>
TITLE <b>DST</b>	NAME <b>DUMENIGO, FEDERICO</b>
STREET ADDRESS <b>7815 CORAL WAY #115</b>	CITY - ST - ZIP <b>MIAMI FL 33155</b>
TITLE <b>DV</b>	NAME <b>ALMEIDA, MARIO</b>
STREET ADDRESS <b>7815 CORAL WAY #115</b>	CITY - ST - ZIP <b>MIAMI FL 33155</b>
TITLE <b>DV</b>	NAME <b>GARCOA-MAYOL, LUIS</b>
STREET ADDRESS <b>7815 CORAL WAY #115</b>	CITY - ST - ZIP <b>MIAMI FL 33155</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>GARCIA-MAYOL, LUIS (SPELLING CORRECTION)</b>
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed from an attachment with an address.

SIGNATURE: Oscar Galvez **OSCAR GALVEZ** 4/18/95 305-261-4873  
Date: \_\_\_\_\_