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Apr 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000012945 (9)

1. Corporation Name  
BAY AREA DIALYSIS, INC.

Principal Place of Business  
928 14TH STREET WEST  
BRADENTON FL 34205

Mailing Address  
928 14TH STREET WEST  
BRADENTON FL 34205-6646

3. Date Incorporated or Qualified  
02/14/1994

3a. Date of Last Report  
03/19/1996

2. Principal Place of Business  
21 2820 SCHERER DRIVE  
Suite, Apt. #, etc.

2a. Mailing Address  
26 19599 NE 10 AVE  
Suite, Apt. #, etc.

4. FEI Number  
65-0487176  
Applied For  
Not Applicable

22 SUITE 210  
City & State

27  
City & State

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

23 ST. PETERSBURG, FL  
Zip

28 N. MIAMI BEACH, FL  
Zip

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

24 33716  
Country

29 33179  
Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARC BIRNBAUM, P.A.  
20801 BISCAYNE BLVD.  
SUITE 400  
MIAMI FL 33180

10. Name and Address of New Registered Agent

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

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

Signature in typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE D  
NAME BERGER, PEGGY  
STREET ADDRESS 928 14TH STREET WEST  
CITY-ST-ZIP BRADENTON FL 34205  
TITLE PD  
NAME JACOB, ALLAN I.  
STREET ADDRESS 4345 N.MERIDIAN AVENUE  
CITY-ST-ZIP MIAMI BEACH FL  
TITLE V  
NAME ROTTMAN, MICHAEL  
STREET ADDRESS 1033 W 47TH STREE  
CITY-ST-ZIP MIAMI BEACH FL  
TITLE V  
NAME FERNANDEZ, ARTURO J.  
STREET ADDRESS 2021 NW 178TH TERRACE  
CITY-ST-ZIP PEMBROKE PINES FL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)