

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000092639 (1)

1. Corporation Name

WEST COAST DIALYSIS CLINIC OF FLORIDA, INC.



Principal Place of Business

Mailing Address

1022 MAIN STREET
SUITE M
DUNEDIN FL 34698

1022 MAIN STREET
SUITE M
DUNEDIN FL 34698

3. Date Incorporated or Qualified
12/22/1994

3a. Date of Last Report
08/24/1995

4. FEI Number

APPLIED FOR 65-0555106

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 1121 Overcash Drive

26 1121 Overcash Drive

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 Dunedin, FL

28 Dunedin, FL

24 Zip

34698

25 Country

29 Zip

34698

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWARTZ, STEVEN P
1022 MAIN STREET
SUITE M
DUNEDIN FL 34698

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1121 Overcash Drive

83

84 City

Dunedin

FL

85

Zip Code
34698

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, typed or printed name of registered agent and their appointor

(NOTE: Registered Agent signature is required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME SCHWARTZ, STEVEN P
STREET ADDRESS 1670 SPARKLING COURT
CITY-ST-ZIP DUNEDIN FL 34698

TITLE P
NAME NEWIRTH, ROBERT MD
STREET ADDRESS 1961 SADDLE HILL RD S
CITY-ST-ZIP DUNEDIN FL 34698

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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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 617, 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

PHONE NUMBER

CR2E034 (3/96)