

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000011452

1. Corporation Name
RENEX DIALYSIS HOMECARE OF TAMPA, INC.

Principal Place of Business
3614 W. KENNEDY BLVD
TAMPA FL 33609

Mailing Address
2100 PONCE DE LEON
#950
CORAL GABLES FL 33134

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 201 Alhambra Circle

27 Suite, Apt. #, etc.

28 Coral Gables FL

29 33134 30 USA

9. Name and Address of Current Registered Agent

BAUMAN, BRYAN W ESQ.
2222 PONCE DE LEON BLVD.
SUITE 600
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

02/08/1995

4. FEI Number

59-3329674

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Bauman, Bryan W Esq.

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

1200 Brickell Avenue

83

Suite 1720

84 City

Miami

FL

85 Zip Code

33134

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SHEA, JAMES P
2100 PONCE DE LEON BLVD., STE. 950
CORAL GABLES FL 33134

TITLE
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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PD
Shea James P.
201 Alhambra Circle, Suite 800
Coral Gables FL 33134

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
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29.1 TITLE
29.2 NAME
29.3 STREET ADDRESS
29.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99

305 448 2044

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90052 016 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (1/98)