


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000015676	
1. Entity Name INTERNATIONAL DIALYSIS OF MIAMI BEACH, INC.	

Principal Place of Business 2501 LUCERNE AVE. SUNSET ISLAND #2 MIAMI BEACH, FL 33140	Mailing Address 2501 LUCERNE AVE. SUNSET ISLAND #2 MIAMI BEACH, FL 33140
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DO NOT WRITE IN THIS SPACE



03182004 No Chg-P CR2E034 (10/03)

4. FCI Number 65-0566752	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SEYMOUR J FRANKFURT 2501 LUCERNE AVE SS2 MIAMI BCH, FL 33410	
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000104778 04/06/04-80025-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESSER, JORGE MD 7020 SW 100 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKFURT, SEYMOUR 2501 LUCERNE AVE SS2 MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORDUJOVICH, JORGE 4775 COLLINS AVE #903 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Seymour Frankfurt **3/31/04** **305 8357045**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #