

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90131 046 ***150.00

DOCUMENT # P96000046153

1. Corporation Name
PREMIER DIALYSIS INC.

Principal Place of Business
1323 PORTOFINO CIRCLE
#907
WESTON FL 33026

Mailing Address
115 OLD SHORT HILLS RD
#550
W. ORANGE NJ 07052

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/30/1996

4. FEI Number
65-0668663

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 1512 LACOSTA Dr E
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. BOX 1973
Suite, Apt. #, etc.

22 City & State
23 Pembroke Pines, FL

27 City & State
28 Union City CA

24 Zip
25 33027

29 Zip
30 94587

Country
25 USA

Country
30 USA

9. Name and Address of Current Registered Agent

SINGER, BONNIE
1323 PORTOFINO CIRCLE
#907
WESTON FL 33026

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 City
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 Bonnie V SINGER BONNIE V SINGER 4/20/99
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	SINGER, BONNIE	1323 PORTOFINO CIRCLE, #907	WESTON FL 33026	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
President	Singer, Bonnie	1512 LACOSTA DR E.	Pembroke Pines FL 33027	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

14. 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 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, with all other like empowered.

SIGNATURE: Bonnie V SINGER 4/20/99 510-489-8566
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)