

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000060033

1. Entity Name
SUNCOAST DIALYSIS CENTER, INC.



Principal Place of Business

3500 E. FLETCHER
SUITE 129 122
TAMPA, FL 33613

Mailing Address

3500 E. FLETCHER
SUITE 129 122
TAMPA, FL 33613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09292005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3399899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMON, CAROLYN J
7001 142ND AVE N #84
LARGO, FL 33771

3228 DOWNMAN POINT DRIVE
LAND O' LAKES, FL 34638

Name

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

City

FL

Zip Code

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

CAROLYN J. SIMON

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME WALSH, WALTER L
STREET ADDRESS 1990 MT. REPOSE
CITY-ST-ZIP GERMANTOWN, TN 38139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
NAME SIMON, CAROLYN
STREET ADDRESS 3500 E. FLETCHER, SUITE 129
CITY-ST-ZIP TAMPA, FL 33613 ☐ Delete

TITLE
NAME
STREET ADDRESS 3228 DOWNMAN POINT DRIVE
CITY-ST-ZIP LAND O' LAKES, FL 34638 ☒ Change ☐ Addition

TITLE V
NAME FRISTICK, THOMAS JR
STREET ADDRESS 1618 OLD MILL ROAD
CITY-ST-ZIP GERMANTOWN, TN 38138 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME COOPER, THOMAS E
STREET ADDRESS 2341 MCVAY COVE
CITY-ST-ZIP GERMANTOWN, TN 38138 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

CAROLYN J. SIMON

CAROLYN J. SIMON

10-3-05

813-972-3722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-972-3722

Daytime Phone #

813-972-3722

FILED
05 NOV -1 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

