

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # P96000060033

1. Entity Name
SUNCOAST DIALYSIS CENTER, INC.



Principal Place of Business

**3500 E. FLETCHER
SUITE 122
TAMPA, FL 33613**

Mailing Address

**3500 E. FLETCHER
SUITE 122
TAMPA, FL 33613**



04122006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**SIMON, CAROLYN J
3228 DOWNAN POINT DRIVE
LAND O' LAKES, FL 34638**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
SIMON, CAROLYN
3228 DOWNAN POINT DR
LAND O' LAKES, FL 34638**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11000000514531
04/29/06-80176-009.158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-06

Date

813-972-3722

Daytime Phone #