


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000060033 1. Entity Name SUNCOAST DIALYSIS CENTER, INC.	
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Principal Place of Business 3500 E. FLETCHER SUITE 122 TAMPA, FL 33613	Mailing Address 3500 E. FLETCHER SUITE 122 TAMPA, FL 33613
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04082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3399899	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SIMON, CAROLYN J 3228 DOWNAN POINT DRIVE LAND O' LAKES, FL 34638
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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

Carolyn J. Simon

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 7001 142ND AVE. N., 85 LARGO, FL 33771
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	

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04/23/08-80073-020 158.75

**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

Carolyn J. Simon SECRETARY/TREASURER 4-8-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-972-3722