

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000060033

FILED  
Jun 23, 2009  
Secretary of State

Entity Name: SUNCOAST DIALYSIS CENTER, INC.

## Current Principal Place of Business:

3500 E. FLETCHER  
SUITE 122  
TAMPA, FL 33613

## New Principal Place of Business:

3500 E. FLETCHER  
SUITE 129  
TAMPA, FL 33613

## Current Mailing Address:

3500 E. FLETCHER  
SUITE 122  
TAMPA, FL 33613

## New Mailing Address:

3500 E. FLETCHER  
SUITE 129  
TAMPA, FL 33613

FEI Number: 59-3399899

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

SIMON, CAROLYN J  
7001 142ND AVENUE N  
LARGO,, FL 33771 US

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.

SIGNATURE: CAROLYN J. SIMON

06/23/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WALSH, WALTER L  
Address: 1990 MT. REPOSE  
City-St-Zip: GERMANTOWN, TN 38139

Title: ST ( ) Delete  
Name: SIMON, CAROLYN  
Address: 7001 142ND AVE. N., 85  
City-St-Zip: LARGO, FL 33771

Title: V ( ) Delete  
Name: FRISTICK, THOMAS JR  
Address: 1618 OLD MILL ROAD  
City-St-Zip: GERMANTOWN, TN 38138

Title: V ( ) Delete  
Name: COOPER, THOMAS E  
Address: 2341 MCVAY COVE  
City-St-Zip: GERMANTOWN, TN 38138

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: WALSH, WALTER L  
Address: 1990 MT. REPOSE  
City-St-Zip: GERMANTOWN, TN 38139

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MRS ( ) Change (X) Addition  
Name: SIMON, CAROLYN  
Address: 3500 EAST FLETCHER AVE ST.122  
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN J SIMON

ST

06/23/2009

Electronic Signature of Signing Officer or Director

Date