

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90050 018 ***158.75

DOCUMENT # P96000060033

1. Entity Name
SUNCOAST DIALYSIS CENTER, INC.



Principal Place of Business

**3500 E. FLETCHER
SUITE 129
TAMPA FL 33613**

Mailing Address

**3500 E. FLETCHER
SUITE 129
TAMPA FL 33613**

2. Principal Place of Business

**3500 E. FLETCHER AVE
SUITE, Apt. #, etc.
#129**

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

Zip

33613

Country

USA

Country

4. FEI Number

59-3399899

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SIMON, CAROLYN J
3500 E. FLETCHER
SUITE 129
TAMPA FL 33613**

7. Name and Address of New Registered Agent

Name

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

7001 14240 AVE FL #84

City **LARGO**

FL

Zip Code **33771**

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

1-13-03

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03

Date

813-972-3722

Daytime Phone #

CR2E034 (10/02)