## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000073176 (5)

DIALYSIS MEDICAL, INC.

Principal Place of Business Mailing Address 348 MIRACLE STRIP PARKWAY 2337 W 76TH ST HIALEAH FL 33016 DO NOT WRITE IN THIS SPACE FT. WALTON BEACH FL 32549 US 3. Date Incorporated or Qualified 08/29/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 2337 W. 76 59-3401035 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\boxtimes$ 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 HIALEAH ZL 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **OUZTS, DANIEL R** 2337 W 76TH ST 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33016 83 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. CEOD DELETE 1.1 TITLE Change Addition TITLE LANGBEIN, THOMAS K 1,2 NAME NAME 777 TERRACE AVE 1.3 STREET ADDRESS STREET ADDRESS HASBROUCK HEIGHTS NJ 1,4 CITY-ST-ZIP CITY-ST-ZIP 00 Change Addition Ρħ DELETE 2.1 TITLE TITLE PELSTRING, BART NAME 2.2 NAME PELSTRING BART 402 MARVEL CT 27 MILER STREET STREET ADDRESS 2.3 STREET ADDRESS LEMOYNE, PA 17043 **EASTON MD** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE \_\_ Change Addition 3,1 TITLE TITLE JAFFE, LAWRENCE 3.2 NAME NAME 777 TERRACE AVE. 3.3 STREET ADDRESS STREET ADDRESS HASBROUCK HEIGHTS NJ 3.4. CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

4,3 STREET ADDRESS

5,3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4,4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

CITY - ST - ZIP

OUZTS, DANIEL R.

HIALEAH FL

2337 WEST 76TH ST.

1 DELETE

DELETE

**FILED** 

Jan 21 1998 8:00am

Secretary of State

Change

Change

Addition

Addition