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FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000087295 (7)

1. Corporation Name

ST. AUGUSTINE DIALYSIS FACILITY CORP.

Principal Place of Business

7061 CYPRESS ROAD
SUITE 104
PLANTATION FL 33317

Mailing Address

7061 CYPRESS ROAD
SUITE 104
PLANTATION FL 33317-2243

3. Date Incorporated or Qualified
10/23/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

Country

28

29

30

4. FEI Number

65-0714198

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

KAHN, HOWARD N
4000 HOLLYWOOD BLVD
SUITE 485 SOUTH
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

Vicki Burrier

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

7061 Cypress Road

83

Suite 104

84 City

Plantation

FL

85 Zip Code

33317

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

Vicki Burrier

4/30/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME KHAN, HOWARD N.
STREET ADDRESS 4000 HOLLYWOOD BLVD., SUITE 485-SO.
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME P
1.3 STREET ADDRESS Lawrence R. Spira, M.D.
1.4 CITY-ST-ZIP 7061 Cypress Road #104
Plantation, FL 33317

2.1 TITLE ST ☐ Change ☒ Addition
2.2 NAME Vicki Burrier
2.3 STREET ADDRESS 7061 Cypress Road #104
2.4 CITY-ST-ZIP Plantation, FL 33317

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE:

Vicki Burrier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICKI BURRIER

4/30/97

Date

954-474-7701

Daytime Phone #

0277211

CR2E034 (9/96)