

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90024 039 ***150.00

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1. Corporation Name

FLORIDA HEMODIALYSIS, INC.

Principal Place of Business

Mailing Address

3934 SW 8 ST.
SUITE 303
CORAL GABLES, FL, 33134

SAME

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

3934 SW 8 ST.

26 3934 SW 8 ST.

2/20/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

303

27 303

65-0945282

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

Additional
Fee Required

CORAL GABLES, FL

28 CORAL GABLES, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

May Be
Added to Fees

Zip

Country

Zip

Country

33134

25 DADE

29 33134

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVID MARRERO
13500 N. KENDALL DR.
MIAMI, FL, 33186

81 Name

MARITZA CABRERA

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

6766 ORCHID DR.

83

84 City

MIAMI LAKES

FL

85 Zip Code

33134

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *David Marrero*
(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	DAVID MARRERO <input checked="" type="checkbox"/> DELETE	1.1 TITLE P	ADA L. VASALLO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	13500 N. KENDALL DR.	1.2 NAME	6766 ORCHID DR.
STREET ADDRESS	MIAMI, FL, 33186	1.3 STREET ADDRESS	MIAMI LAKES, FL,
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David Marrero REQUIRED