

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90179 018 ***150.00

DOCUMENT # **P97000043033**

1. Corporation Name

PHYSICIANS DIALYSIS ASSOCIATES OF TAMPA, INC.

Principal Place of Business

**19559 NORTHEAST 10TH AVENUE
NORTH MIAMI BEACH FL 33179**

Mailing Address

**19559 NORTHEAST 10TH AVENUE
NORTH MIAMI BEACH FL 33179**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1997

4. FEI Number

65-0776845

Applied For

No: Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

**MARC BIRNBAUM, P.A.
20801 BISCAYNE BLVD SUITE 400
MIAMI FL 33180**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

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:

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 **D** ☐ DELETE
NAME **SERRANO, GUSTAVO MD**
STREET ADDRESS **2727 W MARTIN LUTHER KING BLVD SUITE 530**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **D** ☐ DELETE
NAME **JACOB, ALLAN I MD**
STREET ADDRESS **19559 NORTHEAST 10TH AVENUE**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **D** ☐ DELETE
NAME **ROTTMAN, MICHAEL**
STREET ADDRESS **19559 NORTHEAST 10TH AVENUE**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **VP** ☐ DELETE
NAME **FERNANDEZ, ARTURO J**
STREET ADDRESS **2021 NW 178 TERRACE**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

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
NAME **NORMA GOMEZ**
1.2 NAME
1.3 STREET ADDRESS **15850 SW 252 STREET**
1.4 CITY-ST-ZIP **HOMESTEAD, FL. 33031**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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 607, 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:

Arturo Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/99 **(305) 651-3261**

Date

Daytime Phone #

CR2E034 (11/98)

0256675