

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000043033**

1. Entity Name

**PHYSICIANS DIALYSIS ASSOCIATES OF TAMPA, INC.****FILED****Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90048 012 \*\*\*150.00

Principal Place of Business

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

Mailing Address

**19559 NORTHEAST 10TH AVENUE  
NORTH MIAMI BEACH FL 33179-3501**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0776845**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	SERRANO, GUSTAVO MD	2727 W MARTIN LUTHER KING BLVD SUITE 530	TAMPA FL 33607	VICE PRESIDENT	BETTY LEO	1304 SE SECOND TERRACE	DEERFIELD BEACH, FL. 33441
D	JACOB, ALLAN I MD	19559 NORTHEAST 10TH AVENUE	NORTH MIAMI BEACH FL 33179				
D	ROTTMAN, MICHAEL	19559 NORTHEAST 10TH AVENUE	NORTH MIAMI BEACH FL 33179				
VP	FERNANDEZ, ARTURO J	2021 NW 178 TERRACE	PEMBROKE PINES FL 33029				
V	GOMEZ, NORMA	15850 SW 252 ST	HOMESTEAD FL 33031				

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/5/00 (305)651-3261**