

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



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

98 DEC 31 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97-000090745

1. Corporation Name

PHYSICIANS DIALYSIS, INC.

Principal Place of Business

Mailing Address

14 Suntree Place
Suite 102
Melbourne, FL 32940

14 Suntree Place
Suite 102
Melbourne, FL 32940

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite Apt. #, etc.

Suite Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10-22-97

5. FEI Number

59-3478713

Access For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Robert C. Ufferman, M.D.	200 E. Sheridan Road	Melbourne, FL 32901
VP	Wayne D. Rodriguez, M.D.	200 E. Sheridan Road	Melbourne, FL 32901
VP	Rhodes M. Kriete, M.D.	200 E. Sheridan Road	Melbourne, FL 32901
S / T	Peter J. Gilbert, M.D.	200 E. Sheridan Road	Melbourne, FL 32901
		73 @ 1/4/99	98AR

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Dale A. Dettmer, Esq.
780 S. Apollo Boulevard
Melbourne, FL 32901

Name

Dale A. Dettmer, Esq.

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

304 South Harbor City Boulevard

Suite, Apt. #, Etc.

Suite 201

City

Melbourne

State

FL

Zip Code

32901

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

DALE A. DETTMER

REGISTERED AGENT MUST SIGN

Date

12-29-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT C. UFFERMAN, M.D., President

Date

12-29-98

Daytime Phone #

KRASNY AND DETTMER
A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS
ATTORNEYS AND COUNSELORS AT LAW

THE RIVERFRONT BUILDING
304 S. HARBOR CITY BOULEVARD, SUITE 201
POST OFFICE BOX 428
MELBOURNE, FLORIDA 32902-0428
TELEPHONE (407) 723-5646
TELECOPIER (407) 768-1147

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MIKE KRASNY
DALE A. DETTMER*
SCOTT KRASNY

*BOARD CERTIFIED IN TAXATION

December 30, 1998

UPS OVERNIGHT LETTER

Corporation Information Services
1201 Hays Street
Tallahassee, FL 32301

Re: Suntree Dialysis, Inc.
Physicians Dialysis, Inc.

Gentlemen:

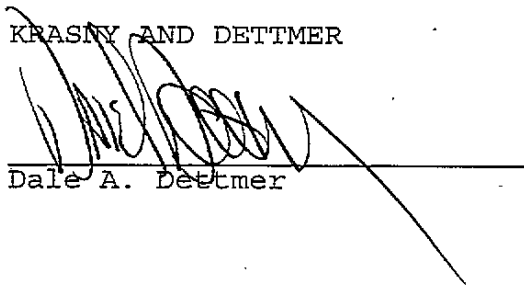
Enclosed please find two Applications for Reinstatement for the above referenced corporations. The Secretary of State's office advised that the fee for each of these applications was \$150.00 since we never received annual reports.

Please file these documents on December 31, 1998 in order to avoid further penalties.

Thanks you for your assistance in this matter.

Very truly yours,

KRASNY AND DETTMER



Dale A. Dettmer

DAD:sc
Enc.