

**2001-UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000090745**

1. Entity Name

**PHYSICIANS DIALYSIS, INC.**

Principal Place of Business

**14 SUNTREE PLACE  
STE. 102  
MELBOURNE FL 32940**

Mailing Address

**14 SUNTREE PLACE  
STE. 102  
MELBOURNE FL 32940**

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 **59-3478713**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****DETTMER, DALE A ESQ  
304 SOUTH HARBOR CITY BLVD.  
STE. 201  
MELBOURNE FL 32901****7. Name and Address of New Registered Agent**

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, 2001 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	UFFERMAN, ROBERT C M.D.	200 E. SHERIDAN ROAD	MELBOURNE FL 32901	<input type="checkbox"/>
VP	RODRIGUEZ, WAYNE D M.D.	200 E. SHERIDAN ROAD	MELBOURNE FL 32901	<input type="checkbox"/>
VP	KRIETE, RHODES M M.D.	200 E. SHERIDAN ROAD	MELBOURNE FL 32901	<input type="checkbox"/>
ST	GILBERT, PETER J M.D.	200 E. SHERIDAN ROAD	MELBOURNE FL 32901	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90078 013 \*\*\*150.00

**00066038**

DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)