

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90060 047 ***150.00

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 & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3478713

Applied For

Not Applicable

5. 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, 2002 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	P UFFERMAN, ROBERT C M.D.	<input type="checkbox"/> Delete
STREET ADDRESS	200 E. SHERIDAN ROAD	
CITY - ST - ZIP	MELBOURNE FL 32901	
TITLE - NAME	VP RODRIGUEZ, WAYNE D M.D.	<input type="checkbox"/> Delete
STREET ADDRESS	200 E. SHERIDAN ROAD	
CITY - ST - ZIP	MELBOURNE FL 32901	
TITLE - NAME	VP KRIETE, RHODES M M.D.	<input type="checkbox"/> Delete
STREET ADDRESS	200 E. SHERIDAN ROAD	
CITY - ST - ZIP	MELBOURNE FL 32901	
TITLE - NAME	ST GILBERT, PETER J M.D.	<input type="checkbox"/> Delete
STREET ADDRESS	200 E. SHERIDAN ROAD	
CITY - ST - ZIP	MELBOURNE FL 32901	
TITLE - NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE - NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)