

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 01, 2006 08:00 AM  
Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



01202006 No Chg-P CR2E034 (11/05)

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**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1000000415155  
02/11/06-80063-021 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
UFFERMAN, ROBERT C M.D.  
200 E. SHERIDAN ROAD  
MELBOURNE, FL 32901**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
RODRIGUEZ, WAYNE D M.D.  
200 E. SHERIDAN ROAD  
MELBOURNE, FL 32901**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
KRIETE, RHODES M M.D.  
200 E. SHERIDAN ROAD  
MELBOURNE, FL 32901**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ST  
GILBERT, PETER J M.D.  
200 E. SHERIDAN ROAD  
MELBOURNE, FL 32901**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06

Date

724-043

Daytime Phone #