

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 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**



01062007 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**

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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 reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	UFFERMAN, ROBERT C M.D.
STREET ADDRESS	200 E. SHERIDAN ROAD
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	VP
NAME	RODRIGUEZ, WAYNE D M.D.
STREET ADDRESS	200 E. SHERIDAN ROAD
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	VP
NAME	KRIETE, RHODES M M.D.
STREET ADDRESS	200 E. SHERIDAN ROAD
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	ST
NAME	GILBERT, PETER J M.D.
STREET ADDRESS	200 E. SHERIDAN ROAD
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/07