

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90034 008 ***150.00

DOCUMENT # P97000090829

1. Corporation Name
SUNTREE DIALYSIS, INC.

Principal Place of Business

1400 S. APOLLO BLVD.
MELBOURNE FL 32901

Mailing Address

1400 S. APOLLO BLVD.
MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1997

4. FEI Number

59-3478726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

DETTMER, DALE A ESQ
304 S. HARBOR CITY BLVD.
STE. 201
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DETTMER, DALE A
STREET ADDRESS 304 S. HARBOR CITY BLVD., STE. 201
CITY-ST-ZIP MELBOURNE FL 32901

TITLE D ☐ DELETE

NAME DICK, JEFF
STREET ADDRESS 304 S. HARBOR CITY BLVD.
CITY-ST-ZIP MELBOURNE FL 32901

TITLE VPD ☐ DELETE

NAME SULLIVAN, W.J.
STREET ADDRESS 4742 SUDBURY DRIVE
CITY-ST-ZIP ORLANDO FL 32826

TITLE STD ☐ DELETE

NAME SELF, JAMES H
STREET ADDRESS 474 N. HARBOR CITY BLVD.
CITY-ST-ZIP MELBOURNE FL 32935

TITLE D ☐ DELETE

NAME POIRIER, TIMOTHY MD
STREET ADDRESS 1924 SHOREVIEW DRIVE
CITY-ST-ZIP INDIAN LANTIC FL 32903

TITLE D ☐ DELETE

NAME CRABB, DUDLEY
STREET ADDRESS 16-A MARINA ISLES
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

01/20/99

Date

(407) 723-5646

Daytime Phone #

CR2E034 (11/98)