

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090829

1. Entity Name

SUNTREE DIALYSIS, INC.

Principal Place of Business

1400 S. APOLLO BLVD.  
MELBOURNE FL 32901

Mailing Address

1400 S. APOLLO BLVD.  
MELBOURNE FL 32901

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 59-3478726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME SULLIVAN, W.J.  
STREET ADDRESS 15 BUMELIA  
CITY-ST-ZIP NOMUSASSA, FL 34446

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CRABB, DUDLEY  
STREET ADDRESS 16-A MARINA ISLES  
CITY-ST-ZIP INDIAN HARBOR BEACH FL 32937

TITLE ☐ Change ☐ Addition  
NAME  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/01

321-724-0431

CR2E034 (10/00)