

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90006 016 ***150.00

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DOCUMENT # P97000090829		Secretary of State 01-10-2002 90006 016 ***150.00	
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 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ (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) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP PD DETTMER, DALE A 304 S. HARBOR CITY BLVD., STE. 201 MELBOURNE FL 32901		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP D DICK, JEFF 304 S. HARBOR CITY BLVD. MELBOURNE FL 32901		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP VPD SULLIVAN, W.J. 15 BUMELIA HOMOSASSA FL 34446		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP STD SELF, JAMES H 474 N. HARBOR CITY BLVD. MELBOURNE FL 32935		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP D POIRIER, TIMOTHY MD 1924 SHOREVIEW DRIVE INDIALANTIC FL 32903		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP D CRABB, DUDLEY 16-A MARINA ISLES INDIAN HARBOUR BEACH FL 32937		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Sadalia P. Jones</i>		1/5/01 (321) 724-0431	