

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2004 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



02032004 No Chg-P CR2E034 (10/03)

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

**DETTMER, DALE A ESQ
304 S. 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, 2004 Fee will be \$550.00**

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

**U00000060562
02/23/04-80044-016 150.00**

10. OFFICERS AND DIRECTORS

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
**D
DICK, JEFF
304 S. HARBOR CITY BLVD.
MELBOURNE, FL 32901**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
SULLIVAN, W.J.
15 BUMELIA
HOMOSASSA, FL 34446**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 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

2/12/04

Date

Daytime Phone #