

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 05, 2007 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



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000622497
02/13/07-80028-008 150.00

10. OFFICERS AND DIRECTORS

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

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

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

TITLE STD
NAME SELF, JAMES H
STREET ADDRESS 474 N. HARBOR CITY BLVD.
CITY-ST-ZIP 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 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 #