

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2008 8:00 am
Secretary of State

07-15-2008 90060 038 ***150.00

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07072008

Chg-P

CR2E034 (12/06)

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**

7. Name and Address of New Registered Agent

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. 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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

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**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DICK, JEFF 2288 HAMLET DRIVE
304 S. HARBOR CITY BLVD.
MELBOURNE, FL 32901 32934**

☐ Delete

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

☐ Delete

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

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

7/7/08

Daytime Phone #