

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000090829

FILED  
Feb 02, 2010  
Secretary of State

Entity Name: SUNTREE DIALYSIS, INC.

**Current Principal Place of Business:**

1400 S. APOLLO BLVD.  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

1400 S. APOLLO BLVD.  
MELBOURNE, FL 32901

**New Mailing Address:**

FEI Number: 59-3478726

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DETTMER, DALE A  
Address: 304 S. HARBOR CITY BLVD., STE. 201  
City-St-Zip: MELBOURNE, FL 32901

Title: D  
Name: DICK, JEFF  
Address: 2288 HAMLET DRIVE  
City-St-Zip: MELBOURNE, FL 32934

Title: VPD  
Name: SULLIVAN, WILLIAM J  
Address: 15 BUMELIA COURT  
City-St-Zip: HOMOSASSA, FL 34446

Title: STD  
Name: SELF, JAMES H  
Address: 121 E. HIBISCUS BLVD.  
City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES H. SELF

STD

02/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date