

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90031 035 ***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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3478726**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DETTMER, DALE A	
STREET ADDRESS	304 S. HARBOR CITY BLVD., STE. 201	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICK, JEFF	
STREET ADDRESS	304 S. HARBOR CITY BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SULLIVAN, W.J.	
STREET ADDRESS	15 BUMELIA	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SELF, JAMES H	
STREET ADDRESS	474 N. HARBOR CITY BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POIRIER, TIMOTHY MD	
STREET ADDRESS	1924 SHOREVIEW DRIVE	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRABB, DUDLEY	
STREET ADDRESS	16-A MARINA ISLES	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Date

Daytime Phone #

CR2E034 (10/02)