

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91518 034 ***150.00

DOCUMENT # P98000027707

1. Entity Name

Bay Breeze Dialysis Clinic, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11465 ULMERTON ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LARGO, FL

City & State

4. FEI Number

59-3501387

Applied For

Not Applicable.

Zip

33778

Country

PINELLAS

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES SCHWARTZ

Street Address (P.O. Box Number is Not Acceptable)

114565 ULMERTON RD

City LARGO

FL

Zip Code

33778

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	STEVEN SCHWARTZ	11465 ULMERTON RD.	LARGO, FL 33778				
VICE PRESIDENT	ROBERT NEUWIETH	11465 ULMERTON RD.	LARGO, FL 33778				
SECRETARY	JAMES SCHWARTZ	11465 ULMERTON RD	LARGO, FL 33778				

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02 (127)734-0555

Date

Daytime Phone #

CR2E034B (12/01)