

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060481

1. Entity Name

ALL FLORIDA DIALYSIS SERVICES, INC.

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90137 002 ***150.00

Principal Place of Business

Mailing Address

8026 BOCA RIO DRIVE
BOCA RATON FL 33433
US

8026 BOCA RIO DRIVE
BOCA RATON FL 33433-8301
US

2. Principal Place of Business

5309 Oakmont Village Circle

3. Mailing Address

5309 Oakmont Village Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeworth, Florida

City & State

Lakeworth, Florida

4. FEI Number

65-0857552

Applied For

Not Applicable

Zip

33463

Country

US

Zip

33463

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILBANKS, MAJELLA
8026 BOCA RIO DRIVE
BOCA RATON FL 33433

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME WILBANKS, MAJELLA
STREET ADDRESS 8026 BOCA RIO DRIVE
CITY-ST-ZIP BOCA RATON FL 33433

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 12 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 #

4/14/00

(561) 642-3609