

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90299 046 ***150.00

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1. Corporation Name
A & C DIALYSIS SERVICE, INC.

Principal Place of Business
**777 EAST 25TH ST. STE 508
HIALEAH FL 33012**

Mailing Address
**777 EAST 25TH ST. STE 508
HIALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
10/07/1998

4. FEI Number
65-0871340

Applied For
No Applicable

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

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **MARRERO, RAMIRO**
STREET ADDRESS **777 EAST 25TH ST, STE 508**
CITY-STATE-ZIP **HIALEAH FL 33012**

TITLE **D** ☐ DELETE
NAME **FERREZ, MARCIO**
STREET ADDRESS **777 EAST 25TH ST, STE 508**
CITY-STATE-ZIP **HIALEAH FL 33012**

TITLE **D** ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director** ☐ Change ☒ Addition
1.2 NAME **Ramiro Marrero, JR.**
1.3 STREET ADDRESS **777 E. 25 St., Suite 508**
1.4 CITY-STATE-ZIP **Hialeah, FL 33012**

2.1 TITLE **Director** ☐ Change ☒ Addition
2.2 NAME **Rayme Marrero**
2.3 STREET ADDRESS **777 E. 25 St., Suite 508**
2.4 CITY-STATE-ZIP **Hialeah, FL 33012**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

4/21/99
Date3CS-835-4601
D-type Phone #

CR2E034 (1/98)