

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2001 8:00 am
Secretary of State

08-17-2001 90006 013 ***550.00

0035294 AV

DOCUMENT # P99000008140

1. Entity Name
MIAMI REGIONAL DIALYSIS CENTER, INC.

Principal Place of Business
701 BRICKELL AVE., STE. 3000
MIAMI FL 33131

Mailing Address
701 BRICKELL AVE., STE. 3000
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **Lee LASRIS @ Ferrell, Scholtz, Carter, Zumpano, Fertel**
 Suite, Apt. #, etc.
2015, BISCAYNE BLVD, 34th FLOOR

3. Mailing Address **Lee LASRIS @ Ferrell, Scholtz, Carter, Zumpano, Fertel**
 Suite, Apt. #, etc.
2015, BISCAYNE BLVD, 34th FLOOR

City & State
MIAMI FLA.
 Zip
33131
 Country
USA

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MIAMI FLA.
 Zip
33131
 Country
USA

4. FEI Number **65-0899317**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., STE. 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **Zumpano**
(Lee Lasris) Ferrell Scholtz Carter & Fertel
 Street Address (P.O. Box Number is Not Acceptable)
201 S. Biscayne Blvd. 34th Floor
 City **Miami** FL Zip Code **33131**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **7/30/01**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOLDSAND, CARL S M.D. 16501 N.W. 2 AVENUE MIAMI FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PENA, CARLOS F M.D. 16501 N.W. 2 AVENUE MIAMI FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ARTHUR, KEITHS 16501 N.W. 2 AVENUE MIAMI FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT VERBAL, BETTY J 16501 N.W. 2 AVENUE MIAMI FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/01 **305-650-8822**
 Date Daytime Phone #

CR2E034 (5/01)