

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000010790

**FILED**  
**Mar 01, 2012**  
**Secretary of State**

**Entity Name:** AMERICAN DIALYSIS CENTER, INC.

**Current Principal Place of Business:**

603 7TH STREET SOUTH  
SUITE 450  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

446 4TH STREET SOUTH  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

PO BOX 47069  
ST PETERSBURG, FL 337437069

**New Mailing Address:**

**FEI Number:** 59-3558295      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MALTI, JOSSETTE S  
446 4TH STREET SOUTH  
ST. PETERSBURG, FL 33701      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MALTI, JOSSETTE S  
Address: 446 4TH STREET S  
City-St-Zip: ST. PETERSBURG, FL 33701

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSSETTE S. MALTI

PRES

03/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date