

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90046 018 ***150.00

0295725

DOCUMENT # P99000021538

1. Entity Name
JNJ DIALYSIS SERVICES, INC.

| | |
|--|--|
| Principal Place of Business 815 W BOYNTON BEACH BLVD.. #16-106 BOYNTON BEACH FL 33426 | Mailing Address 815 W BOYNTON BEACH BLVD.. #16-106 BOYNTON BEACH FL 33426 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-0927304 | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required. |
| Zip | Country | Zip | Country | | |

| | | | | | | | |
|--|--|--|---|--|----|--------------------------|--|
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| LAWRENCE A. CAPLAN, P.A. 12000 BISCAYNE BLVD., SUITE 803 MIAMI FL 33181 | | | Name LAURA JUNE SPARKS | | | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) 815 W BOYNTON BEACH BLVD #16-106 | | | | |
| | | | City BOYNTON BEACH | | FL | Zip Code 33426 | |
| | | | 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 *Laura June Sparks* **12 Jan 2001**
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. <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SPARKS, JUNE 815 W BOYNTON BEACH BLVD., SUITE 160-106 BOYNTON BEACH FL 33426 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD PST |
| | <input type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| | <input type="checkbox"/> Delete | | <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: *Laura June Sparks* **24 Apr 2001** **561-635-3761**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
LAURA JUNE SPARKS, PRESIDENT

CR2E034 (10/00)