

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087918

1. Entity Name

A.M.A. DIALYSIS CENTER, INC.

**FILED**  
May 22, 2000 8:00 am  
Secretary of State

03-14-2000 90007 042 \*\*\*150.00

Principal Place of Business

Mailing Address

1180 SW 141 AVENUE  
MIAMI FL 33030

1180 SW 141 AVENUE  
MIAMI FL 33184-2788

2. Principal Place of Business

ONE NORTH KROME AVE

3. Mailing Address

1180 SW 141 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead FL

City & State

Miami FL

4. FEI Number

65-0959598

Applied For

Not Applicable

Zip

33030

Country

DADE

Zip

33184

Country

DADE

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

LOPEZ, AIDELYN

1180 SW 141 AVENUE

MIAMI FL 33030

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 of typed or printed name of registered agent and 12507 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/04/00

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 ☐ Delete  
NAME D  
STREET ADDRESS LOPEZ, AIDELYN  
CITY-ST-ZIP 1180 SW 141 AVENUE  
MIAMI FL 33030

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS FERNANDEZ, AIMAE  
CITY-ST-ZIP 962 WEST 43RD PLACE  
HIALEAH FL 33012

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS FERNANDEZ, AYMEE  
CITY-ST-ZIP 962 WEST 43RD PLACE  
HIALEAH FL 33012

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MATHEWS, MIRIAM  
CITY-ST-ZIP 6100 SW 188TH WAY  
FT. LAUDERDALE FL 33331

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 #

3/4/00 (305) 220-7971

CR2E034 (9/99)