

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087918

1. Entity Name

A.M.A. DIALYSIS CENTER, INC.

Principal Place of Business

ONE NORTH KROME AVE
MIAMI FL 33030

Mailing Address

1180 SW 141 AVENUE
MIAMI FL 33030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LOPEZ, AIDELYN
1180 SW 141 AVENUE
MIAMI FL 33030

7. Name and Address of New Registered Agent

Name **AIDELYN LOPEZ**
Street Address (P.O. Box Number is Not Acceptable) **3520 SW 128 AVE**
City **MIAMI** FL **33175**

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, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/01

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 \$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. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **LOPEZ AIDELYN**
STREET ADDRESS **3520 SW 128 AVE**
CITY-ST-ZIP **MIAMI FL 33175**

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

TITLE ☐ Change ☐ Addition
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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 #

3/24/01 2483488

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90412 006 ***150.00

C0039295



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)