

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V66227

1. Entity Name

DIALYSIS AND KIDNEY CENTER OF NORTH BREVARD, INC

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90054 046 ***550.00

Principal Place of Business

830 CENTURY MEDICAL DRIVE, UNIT C
TITUSVILLE FL 32796

Mailing Address

830 CENTURY MEDICAL DRIVE, UNIT C
TITUSVILLE FL 32796
US

2. Principal Place of Business

830 Century Medical Dr.
Suite, Apt. #, etc.
Unit C

3. Mailing Address

830 Century Medical Dr.
Suite, Apt. #, etc.
Unit C

City & State

Titusville

City & State

Titusville

Zip
FL

Country

32796

Zip

FL

Country

32796

4. FEI Number

59-3155506

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEE, MANUEL G. MD
830 CENTURY MEDICAL DR
TITUSVILLE FL 32796

7. Name and Address of New Registered Agent

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

Jeannette P. Dee
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/28/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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 **D** ☐ Delete
NAME **DEE, MANUEL G.**
STREET ADDRESS **835 CENTURY MEDICAL DR**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE **D** ☐ Delete
NAME **DEE, JEANETTE P.**
STREET ADDRESS **835 CENTURY MEDICAL DR**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

Jeannette P. Dee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/00
Date

407-269-6270
Daytime Phone #

CR2E034 (5/00)