## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V68839

FILED Apr 30, 2004 Secretary of State

Entity Nam	ne: ADVANC	ED DIALYSIS INSTITUTE, INC	2.	, et esta	
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
7150 W 20 SUITE 109 HIALEAH, F					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
7150 W 20 SUITE 109 HIALEAH, F					
FEI Number:	65-0376279	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name			Name and Address o	lame and Address of New Registered Agent:	
CAPOTE, N 7150 W. 20 SUITE 109 HIALEAH, F	MARIA G TH AVE FL 33016 US				
The above in the State	named entity s of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	E:				
Electronic Signature of Registered Agent			ent	Date	
Election Cam	paign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	٠,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () CAPOTE, MARI 10500 SW 97TI MIAMI, FL 331	н ст	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JULIO FERNANDEZ BOMBINO D 04/30/2004