

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V68839

FILED
Apr 25, 2011
Secretary of State

Entity Name: ADVANCED DIALYSIS INSTITUTE, INC.

Current Principal Place of Business:

7150 W 20 AVE
SUITE 109
HIALEAH, FL 33012

New Principal Place of Business:

7150 W 20 AVE
SUITE 109
HIALEAH, FL 33016

Current Mailing Address:

7150 W 20 AVE
SUITE 109
HIALEAH, FL 33012

New Mailing Address:

7150 W 20 AVE
SUITE 109
HIALEAH, FL 33016

FEI Number: 65-0376279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPOTE, MARIA G
7150 W. 20TH AVE
SUITE 109
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: FERNANDEZ-BOMBINO, JULIO
Address: 7100 W. 20TH AVE. SUITE 304
City-St-Zip: HIALEAH, FL 33016

Title: D
Name: CAPOTE, MARIA G
Address: 10500 SW 97TH CT
City-St-Zip: MIAMI, FL 33176

I hereby 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 all other like empowered.

SIGNATURE: MARIA G CAPOTE

PRES

04/25/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date