

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V68839

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** ADVANCED DIALYSIS INSTITUTE, INC.

**Current Principal Place of Business:**

7150 W 20 AVE  
SUITE 109  
HIALEAH, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

7150 W 20 AVE  
SUITE 109  
HIALEAH, FL 33016

**New Mailing Address:**

**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

04/30/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date