

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000036229

**Entity Name:** PHYSICIANS DIALYSIS MIAMI, INC.

**Current Principal Place of Business:**

19559 NORTHEAST 10TH AVENUE  
N. MIAMI BEACH, FL 33179

**Current Mailing Address:**

19559 NORTHEAST 10TH AVENUE  
NORTH MIAMI BEACH, FL 33179

**FEI Number: 27-2457830**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MARC BIRNBAUM, P.A.  
1041 IVES DAIRY ROAD  
SUITE 238  
MIAMI, FL 33179 US

*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

**Officer/Director Detail :**

|                 |                             |                 |                         |
|-----------------|-----------------------------|-----------------|-------------------------|
| Title           | PD                          | Title           | VP                      |
| Name            | JACOB, ALLAN I              | Name            | JEGER, STEVEN B         |
| Address         | 19559 NORTHEAST 10TH AVENUE | Address         | 19559 NE 10TH AVE       |
| City-State-Zip: | N. MIAMI BEACH FL 33179     | City-State-Zip: | N. MIAMI BEACH FL 33179 |

*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: STEVEN JEGER**

**VP**

**04/11/2013**

Electronic Signature of Signing Officer/Director Detail

Date