

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000095646

Entity Name: SOUTH FLORIDA DIALYSIS CENTER, CORP.

Current Principal Place of Business:

8057 NW 155 ST
MIAMI LAKES, FL 33016

Current Mailing Address:

8057 NW 155 ST
MIAMI LAKES, FL 33016

FEI Number: 27-4684994

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AMADOR, YIZEL
8057 NW 155 ST
MIAMI LAKES, FL 33016 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 P
Name AMADOR, YIZEL
Address 8057 NW 155 ST
City-State-Zip: MIAMI LAKES FL 33016

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: YIZEL AMADOR

OWNER

01/10/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date