FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 6:10

DOCUMENT # 726583 (8)

1. Corporation Name
CENTRAL FLORIDA KIDNEY CENTER, INC.

Principal Place of Business	Mailing Address
105 BONNIE LOCH COURT ORLANDO FL 32806-2980	105 BONNIE LOCH COURT ORLANDO FL 32806-2980

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1973
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-1485025 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KASSAB, JERRY
600 COURTLAND STREET
SUITE 300
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	KELLY, KERRY M.	1.2 NAME		
STREET ADDRESS	918 OSCEOLA AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000	1.4 CITY-ST-ZIP		
TITLE	CEO	2.1 TITLE		☐ Change ☐ Addition
NAME	MICHAEL, MAUREEN	2.2 NAME		
STREET ADDRESS	105 BONNIE LOCH COURT	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	FREEMAN, M.C., OSCAR	3.2 NAME		
STREET ADDRESS	2164 COUNTRY SIDE CIR N	3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000	3.4 CITY-ST-ZIP		
TITLE	VP	4.1 TITLE		☐ Change ☐ Addition
NAME	SIMASEK, REGIS	4.2 NAME		
STREET ADDRESS	601 FERNCREEK AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE	D	☒ Change ☐ Addition
NAME	ALVIN COWANS	5.2 NAME	ANN EIDSON	
STREET ADDRESS	1900 MCCOY ROAD	5.3 STREET ADDRESS	2807 EDWATER DRIVE	
CITY-ST-ZIP	ORLANDO FL 32809	5.4 CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	HEINE, JO ANN	6.2 NAME		
STREET ADDRESS	570 IVANHOE PLAZA	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maureen Michael March 23, 1995 (407) 843-6110
MAUREEN MICHAEL, CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone