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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 32806-2909

3. Date Incorporated or Qualified: **06/01/1973**
3a. Date of Last Report: **03/04/1996**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24):
Country (25):
Zip (29): 32806-2980
Country (30):

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	1.1 TITLE	Director/Treasurer	☐ Change ☒ Addition
NAME	KELLY, KERRY M.		1.2 NAME	Jerry Kassab	
STREET ADDRESS	918 OSCEOLA AVE		1.3 STREET ADDRESS	600 Courtland Street Suite 300	
CITY-ST-ZIP	ORLANDO, FL 00000		1.4 CITY-ST-ZIP	Orlando Fl 32804	
TITLE	CEO	☐ DELETE	2.1 TITLE	Director/Secretary	☐ Change ☒ Addition
NAME	MICHAEL, MAUREEN		2.2 NAME	Robert Scott	
STREET ADDRESS	105 BONNIE LOCH COURT		2.3 STREET ADDRESS	801 Johns Road	
CITY-ST-ZIP	ORLANDO, FL 00000		2.4 CITY-ST-ZIP	apopka Fl 32703	
TITLE	D	☐ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	FREEMAN, M.C., OSCAR		3.2 NAME	Shane Coldren	
STREET ADDRESS	2164 COUNTRY SIDE CIR N		3.3 STREET ADDRESS	3600 Clemwood Dr.	
CITY-ST-ZIP	ORLANDO, FL 00000		3.4 CITY-ST-ZIP	Orlando Fl 32803	
TITLE	VP	☐ DELETE	4.1 TITLE	Director	☐ Change ☒ Addition
NAME	SIMASEK, REGIS		4.2 NAME	John M. Nabers	
STREET ADDRESS	601 FERNCREEK AVE		4.3 STREET ADDRESS	~~PO Box 6~~ 105 Bonnie Loch Ct.	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Windermere ~~Fl 32786~~ Fl 32806	
TITLE	D	☐ DELETE	5.1 TITLE	Director	☐ Change ☒ Addition
NAME	EIDSON, ANN		5.2 NAME	G. Thomas Ball	
STREET ADDRESS	2807 EDWATER DRIVE		5.3 STREET ADDRESS	~~PO Box 112~~ 105 Bonnie Loch Ct	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	Orlando Fl 32806	
TITLE	D	☐ DELETE	6.1 TITLE	Director	☐ Change ☒ Addition
NAME	HEINE, JO ANN		6.2 NAME	Richard Crotty	
STREET ADDRESS	570 IVANHOE PLAZA		6.3 STREET ADDRESS	200 South Orange Ave. Suite 1700	
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP	Orlando Fl. 32801	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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 2/7/97 (407) 843-6110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Maureen Michael Date Daytime Phone # 0018713