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May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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 32806-2960	105 BONNIE LOCH COURT ORLANDO FL 32806-2960 US

3. Date Incorporated or Qualified: 06/01/1973

4. FEI Number: 59-1485025 ☐ Applied For ☐ Not Applicable

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) / Country (30)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No N/A

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

10.1 Name: MAUREEN MICHAEL
10.2 Street Address (P.O. Box Number is Not Acceptable): 105 BONNIE LOCH COURT
10.3
10.4 City: ORLANDO FL 10.5 Zip Code: 32806

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: Maureen Michael — 4/22/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	KELLY, KERRY M.		1.2 NAME	KELLY, KERRY M.	
STREET ADDRESS	918 OSCEOLA AVE		1.3 STREET ADDRESS	918 OSCEOLA AVE	
CITY-ST-ZIP	ORLANDO, FL 00000		1.4 CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	CEO	☐ DELETE	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	☐ DELETE	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	☐ DELETE	4.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	SIMASEK, REGIS		4.2 NAME	SIMASEK, REGIS	
STREET ADDRESS	601 FERNCREEK AVE		4.3 STREET ADDRESS	601 FERNCREEK AVE	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	EIDSON, ANN		5.2 NAME		
STREET ADDRESS	2807 EDWATER DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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		

CR2E037 (10/97)

14. I 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 — 4/22/98

CENTRAL FLORIDA KIDNEY CENTER, INC.
105 BONNIE LOCH COURT
ORLANDO, FLORIDA 32806
(407) 843-6110

BOARD OF DIRECTORS
1997-1998

REGIS A. SIMASEK, PRESIDENT
601 FERNCREEK AVENUE
ORLANDO FLORIDA 32803
PHONE: (407) 894-5050

* * *

JERRY KASSAB, VICE-PRESIDENT
CARELINK MANAGEMENT
1059 MAITLAND CNT COMMONS, SUITE D
MAITLAND FL 32751
PHONE: (407) 667-9399 EXT 311

* * *

ROBERT SCOTT, SECRETARY
801 JOHNS ROAD
APOPKA FLORIDA 32703
WORK PHONE: (407) 886-8850

* * *

SHANE COLDREN, C. F. A., TREASURER
3600 CLEMWOOD DRIVE
ORLANDO FL 32803
PHONE: (407) 894-5051

* * *

G. THOMAS BALL, DIRECTOR
BAKER & HOSTETLER
SUN BANK CENTER-SUITE 2300
~~P O BOX 112~~
ORLANDO FLORIDA 32802
PHONE: (407) 649-4000

* * *

RICHARD CROTTY, DIRECTOR
ORANGE COUNTY PROPERTY APPRAISER
200 SOUTH ORANGE AVE., SUITE 1700
ORLANDO FLORIDA 32801
PHONE: (407) 836-5055

ANN EIDSON, DIRECTOR
2029 COUNTRYSIDE CIRCLE, NORTH
ORLANDO FL 32804
(407) 849-0333

* * *

OSCAR FREEMAN, M. D., DIRECTOR
2164 COUNTRYSIDE CIRCLE, NORTH
ORLANDO FLORIDA 32804
PHONE: (407) 425-9604

* * *

JO ANN P. HEINE, DIRECTOR
570 IVANHOE PLAZA
ORLANDO FLORIDA 32804
PHONE: (407) 628-1114

* * *

KERRY M. KELLY, DIRECTOR
918 OSCEOLA AVENUE
ORLANDO FLORIDA 32806
PHONE: (407) 425-4347

* * *

JOHN M. NABERS, DIRECTOR
~~P O BOX 0~~ 628 HIGHLAND AVE
WINDERMERE FL ~~32786~~ 32801
PHONE: (407) 876-2648

* * *

MAUREEN MICHAEL, C. E. O.
105 BONNIE LOCH COURT
ORLANDO FL 32806-2980
PHONE: (407) 843-6110