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**Mar 16, 1999 8:00 am**
**Secretary of State**
03-16-1999 90131 016 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **726583**

1. Corporation Name
**CENTRAL FLORIDA KIDNEY CENTER, INC.**

* 2 3 5 7 8 2 *
235782 - 90131 - 16

| Principal Place of Business | Mailing Address |
|---|---|
| 105 BONNIE LOCH COURT<br>ORLANDO FL 32806-2980 | 105 BONNIE LOCH COURT<br>ORLANDO FL 32806-2980<br>US |

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualifed |
|---|---|---|
| 21 | 26 | 06/01/1973 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-1485025 ☐ Applied For ☐ Not Applicable |
| City & State 23 | City & State 28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip 24 Country 25 | Zip 29 Country 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| MAUREEN MICHAEL<br>105 BONNIE LOCH CT<br>ORLANDO FL 32806 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 85 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 | D | ☐ DELETE | 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 | ☐ 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 | VICE PRESIDENT | ☑ Change ☐ Addition |
| NAME | FREEMAN, M.C., OSCAR | | 3.2 NAME | JERRY KASSAB | |
| STREET ADDRESS | 2164 COUNTRY SIDE CIR N | | 3.3 STREET ADDRESS | 1159 BRANTLEY ESTATES DRIVE | |
| CITY-ST-ZIP | ORLANDO, FL 00000 | | 3.4 CITY-ST-ZIP | ALTAMONTE SPRINGS, FL 32714 | |
| TITLE | P | ☐ DELETE | 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 | 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 | | |

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, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 1-15-99 (407) 843-6110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)

235718 240151-16

CENTRAL FLORIDA KIDNEY CENTERS, INC.
105 BONNIE LOCH COURT
ORLANDO, FLORIDA 32806
PHONE 407-843-6110

BOARD OF DIRECTORS
ANNUAL REPORT - 1999
(SUPPLEMENTAL LIST)

| | | | |
|---|---|---|---|
| ROBERT SCOTT<br>1833 ESPANOLA DRIVE<br>ORLANDO, FL 32804 | SECRETARY | JOHN NABORS<br>628 HIGHLAND AVENUE<br>WINDERMERE, FL 32801 | DIRECTOR |
| SHANE COLDREN, C.F.A.<br>3600 CLEMWOOD DRIVE<br>ORLANDO, FL 32803 | TREASURER | BERYL H. DAVIS<br>1306 BRIDGEPORT DRIVE<br>WINTER PARK, FL 32789 | DIRECTOR |
| F. THOMAS BALL<br>BAKER & HOSTETLER<br>SUN BANK CENTER SUITE 2300<br>ORLANDO, FL 32802 | DIRECTOR | | |