2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726583

1. Entity Name

CENTRAL FLORIDA KIDNEY CENTERS, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State
04-06-2000 90012 014 ****61.25

Principal Place of Business	Mailing Address
105 BONNIE LOCH COURT ORLANDO FL 32806-2980	105 BONNIE LOCH COURT ORLANDO FL 32806-2909 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MICHAEL, MAUREEN 105 BONNIE LOCH CT ORLANDO FL 32806	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLY, KERRY M. 918 OSCEOLA AVE ORLANDO, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO MICHAEL, MAUREEN 105 BONNIE LOCH COURT ORLANDO, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KASSAB, JERRY 1159 BRANTLEY ESTATES DR ALTAMONTE SPRING FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SIMASEK, REGIS 601 FERNCREEK AVE ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EIDSON, ANN 2807 EDWATER DRIVE ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR / SECRETARY	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEINE, JO ANN 570 IVANHOE PLAZA ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature Required 3-28-00 407-843-6110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

726583

933087

Attachment to 2000 UNIFORM BUSINESS REPORT (UBR)

CENTRAL FLORIDA KIDNEY CENTERS, INC. - DIRECTORS AND OFFICERS

DIRECTORS:

Shane Coldren
3600 Clemwood Drive
Orlando, FL 32803

John M. Nabers
628 Highland Avenue
Windemere, FL 34786

F. Thomas Ball
Baker& Hostetler
Sun Bank Center Ste 2300
Orlando, FL 32802

Robert Scott
1833 Espanola Drive
Orlando, FL 32804

Beryl H. Davis
1306 Bridgeport Drive
Winter Park, FL 32789

OFFICERS:

Treasurer