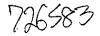
2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **726583** Apr 06, 2000 8:00 am Secretary of State 1. Entity Name CENTRAL FLORIDA KIDNEY CENTERS, INC. 04-06-2000 90012 014 ****61.25 Mailing Address Principal Place of Business 105 BONNIE LOCH COURT 105 BONNIE LOCH COURT ORLANDO FL 32806-2909 ORLANDO FL 32806-2980 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt. #. etc. 4. FEI Number City & State City & State Applied For 59-1485025 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MICHAEL, MAUREEN 105 BONNIE LOCH CT ORLANDO FL 32806 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Delete TITLE KELLY, KERRY M. NAME STREET ADDRESS STREET ADDRESS 918 OSCEOLA AVE CITY-ST-7IP CITY-ST-ZIP ORLANDO, FL 00000 ☐ Change ☐ Addition TITLE CE0 ☐ De ete TITLE NAME MICHAEL, MAUREEN NAME STREET ADDRESS STREET ADDRESS 105 BONNIE LOCH COURT CITY-ST-ZIP CITY-ST-ZIF ORLANDO, FL 00000 TITLE VΡ De!ete TITLE Change Addition NAME Kassab, Jerry NAME STREET ADDRESS STREET ADDRESS 1159 BRANTLEY ESTATES DR CITY-ST-ZIP CITY-ST-ZIE ALTAMONTE SPR<u>ING</u> FL 32714 ☐ Delete TITLE Change ☐ Addition SIMASEK, REGIS NAME NAME STREET ADDRESS STREET ADDRESS **601 FERNCREEK AVE** CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL DIRECTER / SECRETARY ☐ Addition ☐ Delete TITLE TITLE NAME NAME EIDSON, ANN STREET ADDRESS STREET ADDRESS 2807 EDWATER DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change ☐ Addition ☐ Delete TITLE NAME HEINE, JO ANN NAME STREET ADDRESS **570 IVANHOE PLAZA** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

3-28-00

407-843-6110





Attachment to 2000 UNIFORM BUSINESS REPORT (UBR)

CENTRAL FLORIDA KIDNEY CENTERS, INC. - DIRECTORS AND OFFICERS

DIRECTORS:

OFFICERS:

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 Treasurer