2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005
Secretary of State

DOCUMENT# 726583

Entity Name: CENTRAL FLORIDA KIDNEY CENTERS, INC.

Current Principal Place of Business:

203 ERNESTINE STREET
ORLANDO, FL 328013621 US

New Principal Place of Business:

Current Mailing Address:

203 ERNESTINE STREET
ORLANDO, FL 328013621 US

New Mailing Address:

FEI Number: 59-1485025 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MICHAEL, MAUREEN
203 ERNESTINE STREET
ORLANDO, FL 328013621 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	SD	( ) Delete
Name:	WILLIAMS, RAWN	
Address:	3801 IRON WEDGE DRIVE	
City-St-Zip:	ORLANDO, FL 32808 US	
Title:	CEO	( ) Delete
Name:	MICHAEL, MAUREEN	
Address:	203 ERNESTINE STREET	
City-St-Zip:	ORLANDO, FL 32801 US	
Title:	D	( ) Delete
Name:	KASSAB, JERRY	
Address:	1159 BRANTLEY ESTATES DR	
City-St-Zip:	ALTAMONTE SPRING, FL 32714 US	
Title:	TD	( ) Delete
Name:	SIMASEK, REGIS	
Address:	601 FERNCREEK AVE	
City-St-Zip:	ORLANDO, FL 32803 US	
Title:	VD	( ) Delete
Name:	DAVIS, BERYL	
Address:	1306 BRIDGEPORT DR	
City-St-Zip:	WINTER PARK, FL 32789 US	
Title:	PD	( ) Delete
Name:	BALL, TOM	
Address:	BAKER & HOSTETLER AUN BK CEN., STE 2300	
City-St-Zip:	ORLANDO, FL 32802 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	VD	(X) Change ( ) Addition
Name:	WILLIAMS, RAWN	
Address:	3801 IRON WEDGE DRIVE	
City-St-Zip:	ORLANDO, FL 32808 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PD	(X) Change ( ) Addition
Name:	DAVIS, BERYL	
Address:	1306 BRIDGEPORT DR	
City-St-Zip:	WINTER PARK, FL 32789 US	
Title:	SD	(X) Change ( ) Addition
Name:	HEINE, JO ANN	
Address:	570 IVANHOE PLAZA	
City-St-Zip:	ORLANDO, FL 32804 US	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN MICHAEL CEO 02/18/2005

Electronic Signature of Signing Officer or Director — Date