

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726583

FILED
Mar 17, 2006
Secretary of State

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: VD () 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: PD () Delete
Name: DAVIS, BERYL
Address: 1306 BRIDGEPORT DR
City-St-Zip: WINTER PARK, FL 32789 US

Title: SD () Delete
Name: HEINE, JO ANN
Address: 570 IVANHOE PLAZA
City-St-Zip: ORLANDO, FL 32804 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TD (X) Change () Addition
Name: SIMASEK, REGIS A
Address: 601 FERNCREEK AVE
City-St-Zip: ORLANDO, FL 32803 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

03/17/2006

Electronic Signature of Signing Officer or Director

Date