2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State
02-21-2007 90019 029 ****70.00

DOCUMENT # 726583

1. Entity Name
CENTRAL FLORIDA KIDNEY CENTERS, INC.

Principal Place of Business	Mailing Address
203 ERNESTINE STREET ORLANDO, FL 32801-3621 US	203 ERNESTINE STREET ORLANDO, FL 32801-3621 US

02152007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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 203 ERNESTINE STREET ORLANDO, FL 32801-3621	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 2-15-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WILLIAMS, RAWN 3801 IRON WEDGE DRIVE ORLANDO, FL 32808	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO MICHAEL, MAUREEN 203 ERNESTINE STREET ORLANDO, FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D 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	TD SIMASEK, REGIS A 601 FERNCREEK AVE ORLANDO, FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVIS, BERYL 1306 BRIDGEPORT DR WINTER PARK, FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HEINE, JO ANN 570 IVANHOE PLAZA ORLANDO, FL 32804	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

407-843-6110

SIGNATURE: Maureen Michael MAUREEN MICHAEL 2-15-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

600 17172

726583

Attachment to: 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Officers and Directors

Title	VD
Name	Goehring, Kim
Street address	116 East Concord St
City – St – Zip	Orlando, FL 32801

Title	D
Name	Ball, G. Thomas
Street address	Sun Bank Center, Suite 2300
City – St – Zip	Orlando, FL 32802

Title	D
Name	Seymour, Kathleen
Street address	5700 Trinity Prep Lane
City – St – Zip	Winter Park, FL 32792

Title	D
Name	Blexrud, Susan
Street address	655 West Morse Blvd, Suite 211
City – St – Zip	Winter Park, FL 32789

Title	D
Name	Kelly, Kerry
Street address	334 Ponce DeLeon Pl
City – St – Zip	Orlando, FL 32801