

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90302 018 ****61.25

DOCUMENT # N97000006309

1. Entity Name

KIDNEY KIDS OF CENTRAL FLORIDA, INC.

Principal Place of Business

5342 FALLING WATER DR
 ORLANDO FL 32818

Mailing Address

PO BOX 450964
 KISSIMMEE FL 34745-0964
 US

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

59-3479851

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOYLE BOEHM, DELIA
5 SPRINGWOOD TRAIL
ORMOND BEACH FL 32174

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: PD
 NAME: RATHMANN, MICHELE Delete
 STREET ADDRESS: 5342 FALLING WATER DR
 CITY-ST-ZIP: ORLANDO FL 32818

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: SD
 NAME: WOOLERY, FAYE Delete
 STREET ADDRESS: 329 BLUE BAYOU DR.
 CITY-ST-ZIP: KISSIMMEE FL 34743

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: TD
 NAME: WOOLERY, PAUL Delete
 STREET ADDRESS: 329 BLUE BAYOU DR.
 CITY-ST-ZIP: KISSIMMEE FL 34743

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: VD
 NAME: RODRIGUEZ, JEANETTE Delete
 STREET ADDRESS: 512 CEDAR BEND CIRCLE APT 102
 CITY-ST-ZIP: ORLANDO FL 32852

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: VD
 NAME: RATHMANN, MICHELE Delete
 STREET ADDRESS: 5342 FALLING WATER DR
 CITY-ST-ZIP: ORLANDO FL 32818
officer name is duplicated

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: VDRA
 NAME: BOHEN, DELIA D Delete
 STREET ADDRESS: 5 SPRINGWOOD TRAIL
 CITY-ST-ZIP: ORMOND BEACH FL 32174

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-01 (407) 348-7492
 Date Daytime Phone #

CR2E037 (10/00)