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FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000067213 (6)

1. Corporation Name

OCALA REGIONAL KIDNEY CENTER, INC.

Principal Place of Business

2980 S.E. THIRD COURT
OCALA FL 34471-0445

Mailing Address

2980 S.E. THIRD COURT
OCALA FL 34471-0445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1994

4. FEI Number

59-3265582

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 2870 SE 1st Avenue

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
Ocala FL

28 City & State

24 Zip 34471 Country USA

29 Zip Country

30

9. Name and Address of Current Registered Agent

FUTCH, R. WILLIAM
500 N.E. EIGHTH AVE.
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME FULLER, THOMAS J
STREET ADDRESS 2980 S.E. THIRD COURT
CITY-ST-ZIP Ocala FL

TITLE VP ☐ DELETE

NAME ULLAND, L. ARLIE
STREET ADDRESS 2980 S.E. THIRD COURT
CITY-ST-ZIP Ocala FL

TITLE DS ☐ DELETE

NAME SEEK, MELVIN M
STREET ADDRESS 2980 S.E. THIRD COURT
CITY-ST-ZIP Ocala FL

TITLE DT ☐ DELETE

NAME THOMPSON, GREGORY R
STREET ADDRESS 2980 S.E. THIRD COURT
CITY-ST-ZIP Ocala FL

TITLE D ☐ DELETE

NAME FULLER, JOHN C
STREET ADDRESS 2980 SE 3RD COURT
CITY-ST-ZIP Ocala FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L Arlie Ulland

4/29/98

352-622-4231

Daytime Phone # 0485514

CR2E034 (10/97)