

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90112 022 ***158.75

DOCUMENT # P94000067213

1. Corporation Name

OCALA REGIONAL KIDNEY CENTER, INC.



Principal Place of Business

2870 SE 1ST AVE
OCALA FL 34471
US

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 the current year Intangible
Personal Property Tax.



Yes



No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

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

DELETE

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

DELETE

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

DELETE

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

DELETE

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

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

Change

Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

Change

Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

Change

Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

Change

Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

Change

Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Change

Addition

Director (D)
Locay, Harold R
2980 SE 3rd Court
Ocala FL 34471

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, with or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

352-622-4231

CR2E034 (11/98)