

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000454

1. Entity Name
CENTRAL FLORIDA KIDNEY CENTER OF OSCEOLA COUNTY,

Principal Place of Business
105 BONNIE LOCH CT
ORLANDO FL 32806

Mailing Address
105 BONNIE LOCH CT
ORLANDO FL 32806

FILED

01 MAR 19 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3378605

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHAEL, MAUREEN
105 BONNIE LOCH CT
ORLANDO FL 32806

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RENAL EQUITY CORP
105 BONNIE LOCH CT
ORLANDO FL 32806 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KAR, PRAN M.D.
514 W COLUMBIA ST
ORLANDO FL 32806 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003909501
-03/26/01--01103--025
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MOROS, JULIO M.D.
1130 S SEMORAN BLVD SUITE A
ORLANDO FL 32807 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PRYOR, NORMAN M.D.
85 W MILLER
ORLANDO FL 32806 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-14-01

Date

407-843-6110

Daytime Phone #

CR2E083 (11/00)