


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

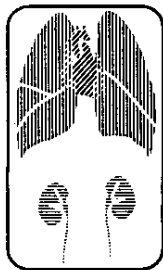
05-08-2006 90294 048 \*\*\*158.75

<b>DOCUMENT # H69924</b>			
1. Entity Name OCALA KIDNEY GROUP, INC.			
Principal Place of Business % JOHN FULLER 2980 S.E. 3RD COURT OCALA, FL 34471-0445 US		Mailing Address % JOHN FULLER 2980 S.E. 3RD COURT OCALA, FL 34471-0445 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2750578		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04222006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent FULLER, JOHN 2980 S.E. 3RD COURT OCALA, FL 34471		7. Name and Address of New Registered Agent Name: <u>R. William Futch</u> Street Address (P.O. Box Number is Not Acceptable): <u>610 SE 17th Street</u> City: <u>Ocala</u> FL Zip: <u>34471</u>	
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: <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: <u>7/12/06</u> <small>(NOTE: Registered Agent signature required when renewing)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FULLER, JOHN 2980 S.E. 3RD COURT OCALA, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FULLER, THOMAS 2980 S.E. 3RD COURT OCALA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ULLAND, L. ARLIE 2980 S.E. 3RD COURT OCALA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEEK, MELVIN M 2980 SW 3RD CT OCALA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Seek, Melvin M 2980 SE 3rd Court Ocala, FL 34471 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/25/06 352622-4231 <small>Date Daytime Phone #</small>	

0004104J



ATTACHMENT



**Ocala Critical Care & Kidney Group, Inc.**

South Pine Medical Park  
2980 S.E. 3rd Court  
P.O. Box 3065  
Ocala, Florida 34478-3065  
Telephone (352) 622-4231  
FAX: (352) 622-0518

66021845  
##69924

June 30, 2006

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Thomas J. Fuller, M.D., FACP  
Diplomate of American Boards of  
Internal Medicine, Nephrology, and  
Critical Care

L. Arlie Ulland, M.D., Ph.D.  
Diplomate of American Boards of  
Internal Medicine and Nephrology

Melvin M. Seek, M.D.  
Diplomate of American Boards of  
Internal Medicine and Nephrology

Harold R. Locay, M.D.  
Diplomate of American Boards of  
Internal Medicine and Nephrology

Suresh Lakshminarayanan, M.D.  
Diplomate of American Boards of  
Internal Medicine, Nephrology, and  
Critical Care

Izu E. Nwakoby, M.D.  
Diplomate of American Boards of  
Internal Medicine and Nephrology

Timothy W. Rogers, M.D.  
Diplomate of American Boards of  
Internal Medicine and Nephrology

Baudouin Leclercq, M.D.  
Diplomate of American Board of  
Internal Medicine

RE: Ocala Kidney Group, Inc. – 59-2750578 - H69924

Dear Sir or Madam:


Enclosed please find the attached copy of the Annual Corporate Report that was returned to us in the mail, that is now signed by the new registered agent.


Due to the fact, that we recently let our Administrator go and we are in between Administrators, we had to change the name of the registered agent. We accidentally forgot to have the new agent sign the original form that was sent with payment before May 1, 2006. Immediately upon receiving the intent to dissolve notice, we located this returned form with the other entities that were completed and processed.

We are asking that due to the above mentioned circumstances that we are not accessed a late fee for this report.

If you should have any questions regarding this matter please feel free to contact us at (352) 622-4231.

Sincerely,

  
Melvin M. Seek, MD  
Managing Partner

  
Izuchukwu E. Nwakoby, MD  
Managing Partner