2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 833175

1. Entity Name
AMERICAN ASSOCIATION OF KIDNEY PATIENTS, INC.

FILED
07 NOV -2 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08-15-07 90022 035 $61.25

REINSTATEMENT

Principal Place of Business	Mailing Address
3505 E FRONTAGE RD #315 TAMPA, FL 33602	3505 E FRONTAGE RD #315 TAMPA, FL 33602

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 11-2306416 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBINSON, KRIS 3505 E. FRANTAGE RD STE 315 TAMPA, FL 33602	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Executive Director/CEO 8/3/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MAYO, KELLY	NAME	
STREET ADDRESS	4350 W CYPRESS ST STE 900	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33607	CITY-ST-ZIP	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DYSON, BRENDA	NAME	
STREET ADDRESS	P.O. BOX 55868	STREET ADDRESS	
CITY-ST-ZIP	JACKSON, MS 39296	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FADEN, STEPHEN MD	NAME	
STREET ADDRESS	813 SADDLEWOOD LANE	STREET ADDRESS	
CITY-ST-ZIP	HOUSTON, TX 77024	CITY-ST-ZIP	
TITLE	SD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	HEISICK, MARY	NAME	
STREET ADDRESS	313 8TH ST APT B	STREET ADDRESS	
CITY-ST-ZIP	SEAL BEACH, CA 90740	CITY-ST-ZIP	
TITLE	VD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	DOWE, DONALD	NAME	
STREET ADDRESS	8707 LAKE PLACE LANE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33634	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11/6

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #