2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008
Secretary of State

DOCUMENT# 833175

Entity Name: AMERICAN ASSOCIATION OF KIDNEY PATIENTS, INC.

Current Principal Place of Business:

3505 E FRONTAGE RD
#315
TAMPA, FL 33602

New Principal Place of Business:

3505 E FRONTAGE RD
#315
TAMPA, FL 33607

Current Mailing Address:

3505 E FRONTAGE RD
#315
TAMPA, FL 33602

New Mailing Address:

3505 E FRONTAGE RD
#315
TAMPA, FL 33607

FEI Number: 11-2306416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, KRIS
3505 E. FRANTAGE RD STE 315
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: MAYO, KELLY
Address: 4350 W CYPRESS ST STE 900
City-St-Zip: TAMPA, FL 33607

Title: PD ( ) Delete
Name: DYSON, BRENDA
Address: P.O. BOX 55868
City-St-Zip: JACKSON, MS 39296

Title: VD ( ) Delete
Name: FADEN, STEPHEN MD
Address: 813 SADDLEWOOD LANE
City-St-Zip: HOUSTON, TX 77024

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P ( ) Change (X) Addition
Name: WAGER, ROBERTA MSN, RN
Address: 10042 SUGARLOAF DR
City-St-Zip: SAN ANTONIO, TX 78245

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRIS ROBINSON CEO 01/29/2008

Electronic Signature of Signing Officer or Director — Date