

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90023 005 ****50.00

DOCUMENT # L96000000454

1. Entity Name

**CENTRAL FLORIDA KIDNEY CENTER OF OSCEOLA COUNTY,
L.C.**



Principal Place of Business

Mailing Address

**203 ERNESTINE STREET
ORLANDO FL 32801-3621
US**

**203 ERNESTINE STREET
ORLANDO FL 32801-3621**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3378605**

Applied For

Not Applicable

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
203 ERNESTINE STREET
ORLANDO FL 32801-3621**

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RENAL EQUITY CORP 203 ERNESTINE STREET ORLANDO FL 32801-3621	☐ Delete
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	MGRM MOROS, JULIO M.D. 1130 S SEMORAN BLVD SUITE A ORLANDO FL 32807	☐ Delete
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		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: *Michael Maureen*

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

2-18-03

407-843-6110

CR2E083 (10/02)