

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726583

Entity Name: CENTRAL FLORIDA KIDNEY CENTERS, INC.**Current Principal Place of Business:**203 ERNESTINE STREET
ORLANDO, FL 32801-3621**Current Mailing Address:**203 ERNESTINE STREET
ORLANDO, FL 32801-3621 US**FEI Number:** 59-1485025**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KOZSUCH, AMY
203 ERNESTINE STREET
ORLANDO, FL 32801-3621 US*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:** AMY KOZSUCH

03/05/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	RUFFIER, JOHN
Address	203 ERNESTINE STREET
City-State-Zip:	ORLANDO FL 32801-3621

Title	TREASURER
Name	WILLIAMS, RAWN
Address	203 ERNESTINE STREET
City-State-Zip:	ORLANDO FL 32801-3621

Title	CEO
Name	KOZSUCH, AMY
Address	203 ERNESTINE STREET
City-State-Zip:	ORLANDO FL 32801-3621

Title	SECRETARY
Name	FOX ACKERMAN, LAINIE
Address	203 ERNESTINE STREET
City-State-Zip:	ORLANDO FL 32801-3621

Title	DIRECTOR OF FINANCE
Name	MAUS, MARISSA
Address	203 ERNESTINE STREET
City-State-Zip:	ORLANDO FL 32801-3621

Title	VP
Name	BARKER, COURTNEY
Address	203 ERNESTINE STREET
City-State-Zip:	ORLANDO FL 32801-3621

I hereby 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 all other like empowered.

SIGNATURE: MARISSA MAUS**DIRECTOR OF FINANCE**

03/05/2024

Electronic Signature of Signing Officer/Director Detail

Date