

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H69924

Entity Name: OCALA KIDNEY GROUP, INC.**Current Principal Place of Business:**2980 S.E. 3RD COURT
OCALA, FL 34471-0445**Current Mailing Address:**2980 S.E. 3RD COURT
OCALA, FL 34471-0445 US**FEI Number:** 59-2750578**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ROGERS, TIMOTHY W
2980 SE 3RD COURT
OCALA, FL 34471 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	NWAKOBY, IZUCHUKWU E
Address	2980 SE 3RD COURT
City-State-Zip:	OCALA FL 34471

Title	D
Name	LECLERCQ, BAUDOUIN
Address	2980 S.E. 3RD COURT
City-State-Zip:	OCALA FL

Title	D
Name	SEEK, MELVIN M
Address	2980 SW 3RD CT
City-State-Zip:	OCALA FL 34471

Title	D
Name	LOCAY, HAROLD R
Address	2980 S.E. 3RD COURT
City-State-Zip:	OCALA FL 34471-0445

Title	CPD
Name	LAKSHMINARAYANAN, SURESH MD
Address	2980 S.E. 3RD COURT
City-State-Zip:	OCALA FL 34471-0445

Title	CPD
Name	ROGERS, TIMOTHY W
Address	2980 S.E. 3RD COURT
City-State-Zip:	OCALA FL 34471-0445

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY W ROGERS**OWNER****04/21/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date