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	t my name appears
above, or on an attachment with all other like empowered.	

PRESIDENT

Officer/Director Detail :

SIGNATURE: SAM PEDERSON

	Title	TD	Title	PRESIDENT	
	Name	KNIGHT, RICHARD	Name	PEDERSON, SAM M	
	Address	6501 MANTON WAY	Address	2727 FAIRVIEW AVE E #8	
	City-State-Zip:	LANHAM MD 20706	City-State-Zip:	SEATTLE WA 98102	
	Title	VD	Title	SEC	
	Title Name	VD CONWAY, PAUL T	Title Name	SEC MCCALL, ALICE GRN	
	Name	CONWAY, PAUL T	Name	MCCALL, ALICE GRN	

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.

SUITE 150 TAMPA, FL 33607 US

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: AMERICAN ASSOCIATION OF KIDNEY PATIENTS, INC.

FEI Number: 11-2306416

PEDERSON, SAM M

Current Mailing Address:

2701 N.ROCKY POINT DRIVE

SUITE 150

SUITE 150

DOCUMENT# 833175

TAMPA, FL 33607

Current Principal Place of Business:

2701 N. ROCKY POINT DRIVE

2701 N. ROCKY POINT DRIVE

TAMPA, FL 33607 US

Electronic Signature of Signing Officer/Director Detail

FILED

Certificate of Status Desired: No

er ars

05/06/2013

Date