

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725708

1. Entity Name

KIDNEY ASSOCIATION OF PALM BEACH COUNTY, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90030 030 ****61.25

Principal Place of Business	Mailing Address
205 JFK DR. SUITE B ATLANTIS FL 33462 US	205 JFK DR. SUITE B ATLANTIS FL 33462-1121 US

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	Applied For
59-1702580	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---

6. Name and Address of Current Registered Agent
HOSIER, JEVNE H 205 JFK DR. SUITE B ATLANTIS FL 33462

7. Name and Address of New Registered Agent		
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.

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 \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-----------------------------	---	--

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	ROMANS, NINA
STREET ADDRESS	462 CORAL COVE DRIVE
CITY-ST-ZIP	JUNO BEACH FL
TITLE	D <input type="checkbox"/> Delete
NAME	MCDEAVITT, DAVID P.
STREET ADDRESS	414 W. LANTANA RD.
CITY-ST-ZIP	LANTANA FL
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	DEXTER, VERNON L
STREET ADDRESS	333 SE AVENUE 1
CITY-ST-ZIP	BELLE GLADE FL 33430
TITLE	D <input type="checkbox"/> Delete
NAME	BROWN, WILLIE LEE
STREET ADDRESS	815-21ST ST.
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	HUSHING, SUMNER K.
STREET ADDRESS	1618 TWELVE OAKS WAY
CITY-ST-ZIP	NORTH PALM BEACH FL
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	SIEGEL, ADELE
STREET ADDRESS	40 ST. THOMAS DRIVE
CITY-ST-ZIP	PALM BEACH GARDENS FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brenda Carey, LCSW, MPA
STREET ADDRESS	5600 Poinsettia Ave. #2607
CITY-ST-ZIP	West Palm Beach, FL 33407
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Garry M. Glickman, Esq.
STREET ADDRESS	1601 Forum Place, #1101
CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen P. Gaulden
STREET ADDRESS	43 Vista del Rio
CITY-ST-ZIP	Boynton Beach, FL 33426

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brenda Carey* **REQUIRE** *LC SW 1.20.00*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Brenda Carey, LCSW, MPA, President
Date 1/20/00 (561) 842-8315 Daytime Phone #

CR2E037 (9/99)