

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726583

FILED  
Feb 13, 2009  
Secretary of State

Entity Name: CENTRAL FLORIDA KIDNEY CENTERS, INC.

**Current Principal Place of Business:**

203 ERNESTINE STREET  
ORLANDO, FL 328013621 US

**New Principal Place of Business:**

**Current Mailing Address:**

203 ERNESTINE STREET  
ORLANDO, FL 328013621 US

**New Mailing Address:**

FEI Number: 59-1485025      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MICHAEL, MAUREEN  
203 ERNESTINE STREET  
ORLANDO, FL 328013621 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WILLIAMS, RAWN  
Address: 3801 IRON WEDGE DRIVE  
City-St-Zip: ORLANDO, FL 32808 US

Title: CEO ( ) Delete  
Name: MICHAEL, MAUREEN  
Address: 203 ERNESTINE STREET  
City-St-Zip: ORLANDO, FL 32801 US

Title: D ( ) Delete  
Name: KASSAB, JERRY  
Address: 1159 BRANTLEY ESTATES DR  
City-St-Zip: ALTAMONTE SPRING, FL 32714 US

Title: TD ( ) Delete  
Name: SIMASEK, REGIS A  
Address: 601 FERNCREEK AVE  
City-St-Zip: ORLANDO, FL 32803 US

Title: D ( ) Delete  
Name: DAVIS, BERYL  
Address: 1306 BRIDGEPORT DR  
City-St-Zip: WINTER PARK, FL 32789 US

Title: SD ( ) Delete  
Name: HEINE, JO ANN  
Address: 570 IVANHOE PLAZA  
City-St-Zip: ORLANDO, FL 32804 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GOEHRING, KIM  
Address: 116 EAST CONCORD ST.  
City-St-Zip: ORLANDO, FL 32801 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: BALL, THOMAS G  
Address: 200 SOUTH ORANGE AVE. STE 2300  
City-St-Zip: ORLANDO, FL 32801 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MAUREEN MICHAEL

CEO

02/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date