

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726583

FILED
Jan 05, 2010
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
Name: GOEHRING, KIM
Address: 116 EAST CONCORD ST.
City-St-Zip: ORLANDO, FL 32801 US

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

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

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

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

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

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: MAUREEN MICHAEL

CEO

01/05/2010

Electronic Signature of Signing Officer or Director

Date