

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90041 047 ****61.25

DOCUMENT # 740678

1. Entity Name
MELBOURNE KIDNEY CENTER, INC.

Principal Place of Business 1400 SOUTH APOLLO BLVD. MELBOURNE FL 32901-3145	Mailing Address 1400 SOUTH APOLLO BLVD. MELBOURNE FL 32901-3145
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1867582	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DETTMER, DALE A.
780 S. APOLLO BLVD.
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: 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
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10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	CULLEN, MILDRED	
STREET ADDRESS	199 HIGHWAY A1A-#201-B	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SELF, JAMES H.	
STREET ADDRESS	474 N. HARBOR CITY BLVD.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KROENING, JACK	
STREET ADDRESS	2197 JULIAN AVE, NE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DETTMER, DALE A	
STREET ADDRESS	780 S. APOLLO BLVD.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, WILLIAM	
STREET ADDRESS	4742 SUDBURY DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALLEY, ROBERT	
STREET ADDRESS	609 FRANKLYN AVE	
CITY-ST-ZIP	INDIALANTIC FL 32903	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, W.J.	
STREET ADDRESS	15 BUMELIA	
CITY-ST-ZIP	NOMOSASSA, FL 34446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **REQUIRED** **1/23/01** **321-724-0431**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)