

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90122 031 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1867582

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DETTMER, DALE A.
 304 SOUTH HARBOD CITY BLVD
 SUITE 201
 MELBOURNE FL 32901**

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. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete
 NAME **CULLEN, MILDRED**
 STREET ADDRESS **199 HIGHWAY A1A-#201-B**
 CITY-ST-ZIP **SATELLITE BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VTD** ☐ Delete
 NAME **SELF, JAMES H.**
 STREET ADDRESS **474 N. HARBOR CITY BLVD.**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **KROENING, JACK**
 STREET ADDRESS **2197 JULIAN AVE, NE**
 CITY-ST-ZIP **PALM BAY FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **DETTMER, DALE A**
 STREET ADDRESS **304 SOUTH HARBOR CITY BLVD SUITE 201**
 CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SULLIVAN, W. J.**
 STREET ADDRESS **15 BUMELIA**
 CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MALLEY, ROBERT**
 STREET ADDRESS **609 FRANKLYN AVE**
 CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/14/02 (321) 724-043

CR2E037 (9/01)