

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 23, 2004 08:00 AM  
Secretary of State**

**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**



02032004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1867582**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CULLEN, MILDRED 199 HIGHWAY A1A-#201-B SATELLITE BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SELF, JAMES H. 474 N. HARBOR CITY BLVD. MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KROENING, JACK 2197 JULIAN AVE, NE PALM BAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DETTMER, DALE A 304 SOUTH HARBOR CITY BLVD SUITE 201 HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, W. J. 15 BUMELIA HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALLEY, ROBERT 609 FRANKLYN AVE INDIALANTIC, FL 32903

000000060748  
02/23/04-80052-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/04

Date

Daytime Phone #