

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740678

FILED  
Jan 10, 2007  
Secretary of State

Entity Name: MELBOURNE KIDNEY CENTER, INC.

**Current Principal Place of Business:**

1400 SOUTH APOLLO BLVD.  
MELBOURNE, FL 329013145

**New Principal Place of Business:**

**Current Mailing Address:**

1400 SOUTH APOLLO BLVD.  
MELBOURNE, FL 329013145

**New Mailing Address:**

FEI Number: 59-1867582      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DETTMER, DALE A.  
304 SOUTH HARBOD CITY BLVD  
SUITE 201  
MELBOURNE, FL 32901 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: SD ( ) Delete  
Name: CULLEN, MILDRED,  
Address: 199 HIGHWAY A1A-#201-B  
City-St-Zip: SATELLITE BEACH, FL

Title: VTD ( ) Delete  
Name: SELF, JAMES H.,  
Address: 474 N. HARBOR CITY BLVD.  
City-St-Zip: MELBOURNE, FL

Title: PD ( ) Delete  
Name: KROENING, JACK,  
Address: 2197 JULIAN AVE, NE  
City-St-Zip: PALM BAY, FL

Title: D ( ) Delete  
Name: DETTMER, DALE A,  
Address: 304 SOUTH HARBOR CITY BLVD SUITE 201  
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete  
Name: SULLIVAN, W. J.  
Address: 15 BUMELIA  
City-St-Zip: HOMOSASSA, FL 34446

Title: D ( ) Delete  
Name: MALLEY, ROBERT  
Address: 609 FRANKLYN AVE  
City-St-Zip: INDIALANTIC, FL 32903

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SADALIA B. GROSS

ADM

01/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date