

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740678

FILED
Jan 11, 2008
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:

DETTMER, DALE A.
304 SOUTH HARBOR CITY BLVD
SUITE 201
MELBOURNE, FL 32901 US

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:

01/11/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD (X) 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: SVTD (X) Change () Addition
Name: SELF, JAMES H.,
Address: 474 N. HARBOR CITY BLVD.
City-St-Zip: MELBOURNE, FL

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JAMES SELF

SVTD

01/11/2008

Electronic Signature of Signing Officer or Director

Date