

**2007 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

Page 1 of 2

DOCUMENT # 749132
 1. Entity Name
FLORIDA RENAL ADMINISTRATORS ASSOCIATION, INC.



FILED
 07 AUG -2 PM 12:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 1921 WALDERMERE STREET
 SUITE 107
 SARASOTA, FL 34239

Mailing Address
 1921 WALDERMERE STREET
 SUITE 107
 SARASOTA, FL 34239



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

07182007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-1947606 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MAGIERA, CANDACE
 1921 WALDERMERE STREET
 SUITE 107
 SARASOTA, FL 34239

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Candace Magiera* DATE *7/18/07*
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | LOEPER, BOB | |
| STREET ADDRESS | 10431 OAK BROOK DRIVE | |
| CITY-ST-ZIP | TAMPA, FL 33618 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | WINSTON, BOB | |
| STREET ADDRESS | 1009 N. OCEAN BLVD #605 | |
| CITY-ST-ZIP | POMPANO BEACH, FL 33062 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | MAGEIRA, CANDACE | |
| STREET ADDRESS | 4083 WESTBOURNE CIRCLE | |
| CITY-ST-ZIP | SARASOTA, FL 34238 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | COMO, HELEN | |
| STREET ADDRESS | 2247 SOUTH LAGOON CIRCLE | |
| CITY-ST-ZIP | CLEARWATER, FL 33765 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | <u>MICHAEL</u> HANK MICHAEL | |
| STREET ADDRESS | 5602 LEITNER DR EAST | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33067 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|--|
| TITLE | SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MICHAEL, MAUREEN | |
| STREET ADDRESS | 14 126 MAILER BLVD | |
| CITY-ST-ZIP | ORLANDO, FL 32828 | |
| TITLE | DIR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KRAUSE, FRAN | |
| STREET ADDRESS | 2637 NW 23rd WAY | |
| CITY-ST-ZIP | BOCA RATON FL 33431 | |
| TITLE | DIR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HELFAN, ANDY | |
| STREET ADDRESS | 1241 NW 100th WAY | |
| CITY-ST-ZIP | PLANTATION FL 33322 | |
| TITLE | DIR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TORRES MARIA | |
| STREET ADDRESS | 2430 SOUTH Hill ST | |
| CITY-ST-ZIP | Deland, FL 32724 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 100107466901 | |
| CITY-ST-ZIP | 08/07/07--01058--006 **61.25 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | B | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Candace Magiera* DATE *7/18/07* (941) 917-6447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



FRAA Board of Directors 07/01/07-06/30/08

President

Robert P. Loeper
10431 Oakbrook Drive
Tampa, FL 33618

Vice-President

Bob Winston
1009 N. Ocean Blvd., Ste. 605
Pompano Beach, FL 33062

Treasurer

Candace A. Magiera
4083 Westbourne Circle
Sarasota, FL 34238

Secretary

Maureen Michael
14126 Mailer Blvd.
Orlando, FL 32828

Director

Hank Michael
5602 Leitner Drive East
Coral Springs, FL 33067

Director

Maria Torres
2430 South Hill Street
Deland, FL 32724

Director

Frances Krause
2637 N.W. 23 RD WAY
Boca Raton, FI 33431

Director

Andy Helfan
1241 NW 100th Way
Plantation, FL 33322