


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90025 008 ****61.25

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



Principal Place of Business 1921 WALDERMERE STREET SUITE 107 SARASOTA, FL 34239	Mailing Address 1921 WALDERMERE STREET SUITE 107 SARASOTA, FL 34239
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40045110



DO NOT WRITE IN THIS SPACE

01102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1947606	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

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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 A. Magiera* DATE: *3/5/08*

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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	P LOEPER, BOB 10431 OAK BROOK DRIVE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WINSTON, BOB 1009 N. OCEAN BLVD #605 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAGEIRA, CANDACE 4083 WESTBOURNE CIRCLE SARASOTA, FL 34238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MICHAEL, MAUREEN 14126 MAILER BLVD ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL, HANK 5602 LEITNER DR EAST CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAUSE, FRAN 2637 NW 23RD WAY BOCA RATON, FL 33431

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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 A. Magiera* **CANDACE A. MAGEIRA** *3/5/08* *(941) 917-6447*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40049119

#749132

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, FL 33431

Director

Andy Helfan
1241 NW 100th Way
Plantation, FL 33322