

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749132

FILED
Jan 28, 2009
Secretary of State

Entity Name: FLORIDA RENAL ADMINISTRATORS ASSOCIATION, INC.

Current Principal Place of Business:

1921 WALDERMERE STREET
SUITE 107
SARASOTA, FL 34239

New Principal Place of Business:

1921 WALDEMERE STREET
SUITE 107
SARASOTA, FL 34239

Current Mailing Address:

1921 WALDERMERE STREET
SUITE 107
SARASOTA, FL 34239

New Mailing Address:

1921 WALDEMERE STREET
SUITE 107
SARASOTA, FL 34239

FEI Number: 59-1947606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGIERA, CANDACE
1921 WALDERMERE STREET
SUITE 107
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

MAGIERA, CANDACE
1921 WALDEMERE STREET
SUITE 107
SARASOTA, FL 34239 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:

01/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOEPER, BOB
Address: 10431 OAK BROOK DRIVE
City-St-Zip: TAMPA, FL 33618

Title: VP () Delete
Name: WINSTON, BOB
Address: 1009 N. OCEAN BLVD #605
City-St-Zip: POMPANO BEACH, FL 33062

Title: T () Delete
Name: MAGEIRA, CANDACE
Address: 4083 WESTBOURNE CIRCLE
City-St-Zip: SARASOTA, FL 34238

Title: S () Delete
Name: MICHAEL, MAUREEN
Address: 14126 MAILER BLVD
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: MICHAEL, HANK
Address: 5602 LEITNER DR EAST
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D () Delete
Name: KRAUSE, FRAN
Address: 2637 NW 23RD WAY
City-St-Zip: BOCA RATON, FL 33431

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 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: CANDACE A. MAGIERA

TREA

01/28/2009

Electronic Signature of Signing Officer or Director

Date