

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749132

FILED
Jan 06, 2010
Secretary of State

Entity Name: FLORIDA RENAL ADMINISTRATORS ASSOCIATION, INC.

Current Principal Place of Business:

1921 WALDEMERE STREET
SUITE 107
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1921 WALDEMERE STREET
SUITE 107
SARASOTA, FL 34239

New Mailing Address:

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 WALDEMERE STREET
SUITE 107
SARASOTA, FL 34239 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: P
Name: LOEPER, BOB
Address: 10431 OAK BROOK DRIVE
City-St-Zip: TAMPA, FL 33618

Title: VP
Name: WINSTON, BOB
Address: 7333 NW 61ST TERRACE
City-St-Zip: PARKLAND, FL 33067

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

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

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

Title: D
Name: ANDY, HELFAN
Address: 1241 NW 100 WAY
City-St-Zip: PLANTATION, FL 33322

I hereby 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 all other like empowered.

SIGNATURE: CANDACE A. MAGIERA

TREA

01/06/2010

Electronic Signature of Signing Officer or Director

Date