## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 8

833175

(3)

## AMERICAN ASSOCIATION OF KIDNEY PATIENTS, INC.

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Pr	incipal Place of Busines	Mailing Address				I JABIAN KARAN BENTAN PENDI PENJI KANAR ME	IN MINTAL MINIC MINIC MINIC MINIC MINICE MINICE				
100 S. ASHLEY DRIVE #280 TAMPA FL 33602			100 S. ASHLEY DRIVE #280 TAMPA FL 33602-5300								
							3. Date incorporated or Qualified 10/14/1974	3a. Date of Last Report 05/01/1996			
2. 21	Principal Place of Busin	ness	2a. Mailing Address 26	3			4. FEt Number 11-2306416	Applied For Not Applica			
22	Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired				
23	City & State		City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
24	Zip Country Zip 25 29 30				untry		This corporation has liability for in Florida Statutes	tangible tax under s. 199.032. Yes			
	9. Name and Address of Current Registered Agent						10. Name and Address of New Reg	istered Agent			
					81	Name					
ROBINSON, KRIS 100 S. ASHLEY DRIVE #280 TAMPA FL 33602					82	Street Address	Street Address (P.O. Box Number is Not Acceptable)				
					83	٠.					
					84	City		FI 85 Zip Code			

11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fagillar with, and accept the obligations of, Section 617,0503, Florida Statutes.

agent. I	in fartillar with, and accompline obligations of Section 6			C L	Oscales	- l	مدادد
SIGNATURE .	1400		Kobinson			3/3	31/97
12.	Signature typed or printed name of registered agent and title trapplicable.  OFFICERS AND DIRECTORS	(NOTE: He	gistered Agent signature	required when reinstaling)  ADDITIONS/CHANGES	DATE	DIRECTOR	S IAI 12
TITLE		DELETE	1.1 TITLE	ADDITIONOGOTIANGEO	TO OTT TOLLTO FIRE	Change	Addition
NAME	WHITE, JOSEPH W	, Deceie	12 NAME			Li bilango	, 100/100/
	·						
STREET ADDRESS	245 NORMAN DRIVE		1.3 STREET ADDRESS				
CITY-SI-ZIP	RAMSEY NJ	V	1.4 City-St-ZiP			1 .	
101f	· -	COELETE	2.1 TITLE &			Change	Addition
NAME	Wasserman, Lynn		2.2 NAME	يياتانان	21394	ي ا	
STREET ADDRESS	950 TURQUOISE STREET		2.3 STREET ADDRESS		010770	18	
CITY-ST-ZIP	NEW ORLEANS LA		2.4 CITY - ST-ZIP	***61.25			
TITLE	TD	) DELETE	3.1 TITLE			Chappe	Addition
NAME	REIDC, MARC		3.2 NAME				. ad
STREET ADDRESS	4215 WEST SAN LUIS		3.3 STREET ADDRESS			$\bigcirc$ " $\mathbf{u}$	11010,1
DITY-ST-ZIP	TAMPA FL 33629		3.4. CITY-ST-ZIP				11 6.
DILE	SD	DELETE	4.1 TOTLE	VD		Change	Addition
NAME	Rushing, Joann		4. 2 NAME	Rishing, Joan	0		
STREET ADDRESS	20310 SW 48TH STREET		4.3 STREET ADDRESS	Ryding, Joan	Ör S		_
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP	JacksonvilleB	each PL	3381	
TITLE		DELETE	5.1 TITLE	V0 .		Change	Addition
NAME			5.2 NAME	Snaron Sulliva	. מג		
STREET ADDRESS	•		5.3 STREET ADDRESS	1800 010 Mca	dow Rd		
City-St-ZIP			5.4 CITY - ST - ZIP	mcten VA	<u>"</u> 'ሕ'ል ነሽን		
TITLE		DELETE	6.1 TITLE	ି ପଟ		Change	Addition
NAME			6.2 NAME	m. Alice Thurs	ston		
STREET ADDRESS			6.3 STREET ADDRESS	4700 connect	icut Ave	NW	
,				T - ( )			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(a)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

MALLE PALLE HE CHIEFE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2PMR97 PB.223,7099

**FILED** 

Apr 10 1997 8:00am

Secretary of State

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Daytime Phone # 0046966

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