

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833175

FILED  
Feb 03, 2009  
Secretary of State

**Entity Name:** AMERICAN ASSOCIATION OF KIDNEY PATIENTS, INC.

**Current Principal Place of Business:**

3505 E FRONTAGE RD  
#315  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

3505 E FRONTAGE RD  
#315  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 11-2306416

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUETTNER, KIM  
3505 E FRONTAGE RD STE 315  
TAMPA, FL 33607 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: TD ( ) Delete  
Name: MAYO, KELLY  
Address: 4350 W CYPRESS ST STE 900  
City-St-Zip: TAMPA, FL 33607

Title: PD ( ) Delete  
Name: DYSON, BRENDA  
Address: P.O. BOX 55868  
City-St-Zip: JACKSON, MS 39296

Title: VD ( ) Delete  
Name: FADEN, STEPHEN MD  
Address: 813 SADDLEWOOD LANE  
City-St-Zip: HOUSTON, TX 77024

Title: P ( ) Delete  
Name: WAGER, ROBERTA MSN, RN  
Address: 10042 SUGARLOAF DR  
City-St-Zip: SAN ANTONIO, TX 78245

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: WAGER, ROBERTA  
Address: 10042 SUGARLOAF DR  
City-St-Zip: SAN ANTONIO, TX 78245

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: PRICE, CAROLYN G  
Address: 375 SOMERSET DR  
City-St-Zip: JACKSON, MS 39206

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: KIM BUETTNER

DIR

02/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date