

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833175

FILED
Feb 04, 2011
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:

RYALS, KAREN E
3505 E FRONTAGE RD STE 315
TAMPA, FL 33607 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: KAREN E RYALS

02/04/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD
Name: MAYO, KELLY
Address: 4350 W CYPRESS ST STE 900
City-St-Zip: TAMPA, FL 33607

Title: P
Name: PRICE, CAROLYN
Address: 375 SOMERSET DR
City-St-Zip: JACSON, MS 39206

Title: VD
Name: PEDERSON, SAM M
Address: 2727 FAIRVIEW AVE E #8
City-St-Zip: SEATTLE, WA 98102

Title: VD
Name: CONWAY, PAUL T
Address: 6339 CROOKED OAK LN
City-St-Zip: FALLS CHURCH, VA 22042

Title: SEC
Name: MCCALL, ALICE G RN
Address: PO BOX 171354
City-St-Zip: SAN ANTONIO, TX 78278

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: KAREN E RYALS

ED

02/04/2011

Electronic Signature of Signing Officer or Director

Date