2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 02, 2000 8:00 am Secretary of State DOCUMENT # F95000002391 RENAL CARE NETWORK OF FLORIDA, INC. 05-02-2000 90151 028 ***150.00 Mailing Address Principal Place of Business 1185 OAK STREET 19345 US 19 NORTH LAKEWOOD CO 80215-4407 SUITE 300 CLEARWATER FL 33764 2. Principal Place of Business 3. Mailing Address <u>0810 W. Collins Avenue</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Atten: Legal Department Applied For City & State City & State 4. FEI Number 52-1923932 Lakewood, CO Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 80215 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code FL 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE PD ☐ Delete TITLE LEVY, RALPH Z JR. NAME NAME SEE ATTACHED LIST STREET ADDRESS STREET ADDRESS 5200 MARYLAND WAY, SUITE 300 CITY-ST-ZIP CITY-ST-ZIP **BRENTWOOD TN 37027** ☐ Change ☐ Addition Delete TITLE TITLE NAME LAY, GINGER STREET ADDRESS STREET ADDRESS 19345 US 19 NORTH, SUITE 300 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33764 Change ☐ Addition TITLE TITLE Delete LUCKENBILL, LEE NAME NAME STREET ADDRESS STREET ADDRESS 6200 N. BERKLEY BLVD. CITY-ST-ZIP CITY-ST-ZIP WHITEFISH BAY WI 53217 Change ☐ Addition TITLE ☐ Delete TITLE BRAXTAN, THOMAS MD NAME NAME STREET ADDRESS STREET ADDRESS **508 MANATEE AVENUE EAST** CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

name Street address

CITY-ST-7IP

Delete

☐ Delete

SIGNATURE: _

D

KAPATKIN, KEITH M.D.

BRANDON FL 33511

RIFKIN, STEPHEN I MD

4 COLUMBIA DR., #480

TAMPA FL 33606

500 VONDERBURG, SUITE 210W

TITLE NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

Ralph Z. Levy, Jr. Secretary

4/24/00

303-232-6800

Daytime Phone #

☐ Change

☐ Change

☐ Addition

Addition

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RENAL CARE NETWORK OF FLORIDA, INC.

Brian Gauger, President, Director 14665 Galaxie Avenue Apple Valley, MN 55124

Ralph Z. Levy, Jr., Secretary, Director

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