

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90205 050 ***550.00

0135504 AT

DOCUMENT # F95000002391

1. Entity Name

RENAL CARE NETWORK OF FLORIDA, INC.

Principal Place of Business

**19345 US 19 NORTH
 SUITE 300
 CLEARWATER FL 33764
 US**

Mailing Address

**10810 W COLLINS AVE
 ATTN: LEGAL DEPT
 LAKEWOOD CO 80215
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1923932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
 NAME **LEVY, RALPH Z JR.**
 STREET ADDRESS **5200 MARYLAND WAY, SUITE 300**
 CITY-ST-ZIP **BRENTWOOD TN 37027**

TITLE **D** ☐ Delete
 NAME **BRAXTAN, THOMAS MD**
 STREET ADDRESS **508 MANATEE AVENUE EAST**
 CITY-ST-ZIP **BRADENTON FL 34208**

TITLE **D** ☐ Delete
 NAME **KAPATKIN, KEITH M.D.**
 STREET ADDRESS **500 VONDERBURG, SUITE 210W**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE **D** ☐ Delete
 NAME **RIFKIN, STEPHEN I MD**
 STREET ADDRESS **4 COLUMBIA DR., #480**
 CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **Rifkin, Stephen I., MD**
 STREET ADDRESS **4 Columbia Dr., #480**
 CITY-ST-ZIP **Tampa, FL 33606**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 trustee 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.

SIGNATURE:

SIGNATURE REQUIRED

8/4/01

813-254 4272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen I. Rifkin, MD, President

Date

Daytime Phone #

CR2E034 (5/01)