

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006380

1. Entity Name  
**SUPERIOR RENAL CARE, INC.**

Principal Place of Business

51 CENTURY BLVD  
SUITE 307  
NASHVILLE TN 37214

Mailing Address

51 CENTURY BLVD  
SUITE 307  
NASHVILLE TN 37214

2. Principal Place of Business

**2636 ELM HILL PIKE**

3. Mailing Address

**2636 ELM HILL PIKE**

Suite, Apt. #, etc.

**SUITE 307**

Suite, Apt. #, etc.

**SUITE 307**

City & State

**NASHVILLE, TN**

City & State

**NASHVILLE, TN**

Zip

**37214**

Country

**U.S.**

Zip

**37214**

Country

**U.S.**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
526 E. PARK AVE.  
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 \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LONG, VIRGINIA A 2002 WOODCREST CIRCLE MT. JULIET TN 37122	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRUCE, MICHAEL J 111 ARDEN PL. GREENSBORO NC 27403	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLAS, THOMAS J 379 QUARRY BROOK DR. SOUTH WINDSOR CT 06074	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLOWIK, JOHN P JR. 489 WEST ST. PAXTON MA 01612	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEENER, KEITH J 2428 EAST LAKE DR. RALEIGH NC 27609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRAVES, MARY JANE 5380 Hillsboro Pike Nashville, TN 37215	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRUCE, MICHAEL J. 3506 BROMLEY WOODS LANE GREENSBORO, NC 27410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mary Jane Graves Mary Jane Graves  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01  
Date

615.874.0700  
Daytime Phone #

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90451 022 \*\*\*150.00

00049629



DO NOT WRITE IN THIS SPACE

4. FEI Number **62-1744942**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2E034 (10/00)