2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

| ANNUAL REPURT (AR) | | | | | Fab 04 2004 9 | 2.00 am | |
|---|--|--|-------------------------------|--|---------------------------------------|---------------------------------------|--|
| DOCUMENT # G69331 | | | | | Feb 04, 2004 8 Secretary of | | |
| RENAL CARE OF OIL CITY, INC. | | | | | 02-04-2004 90051 027 * | **158.75 | |
| Principal Plan | on of Puninger | Mailing Address | | | | | |
| Principal Place of Business Mailing Address C/O LEATRICE DREILING C/O LEATRICE DREILIN | | | ic · | | | | |
| 407 LINCOLN ROAD STE 700 MIAMI BEACH FL 33139 US | | 407 LINCOLN ROAD STE 700 MIAMI BEACH FL 33139 US | | I etakk atia dina laha kka biba iba iba dina kka | TIBY BIRTH BURT BURTURA II IRRU. | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| - Suite, Apt. #, etc | | Suite, Apt. #, etc. | | | MOORE CR2E034. (11/03) | | |
| City & State | | City & State | | | 4. FEI Number 25-1469170 | Applied For Not Applicable | |
| Zip | Country | Zip | Country | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| | 6. Name and Address of Current F | Registered Agent | | | 7. Name and Address of New Registered | Agent | |
| | | Name | | | | | |
| 407 | EILING, LEATRICE LINCOLN ROAD, SUITE 700 |) | Street A | ddress (F | P.O. Box Number is Not Acceptable) | £ . | |
| MIA | MI BCH. FL 33139 | • | | | | | |
| - | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | |
| SIGNATURE | | | | | | | |
| in all this contains a filter and a | Signature, typed or printed name of registered agent a | nd title if applicable. (NOTE: I | Registered Agent signati | nte redured | when reinstating) DATE | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | | | |
| 10. | OFFICERS AND (| Control of the Contro | 11. | | ADDITIONS/CHANGES TO OFFICERS AND | D DIRECTORS IN 11 | |
| TITLE | PTD | X Delete | TITLE | T | | ☐ Change ☐ Addition | |
| NAME | DREILING, LEATRICE | | NAME | | | • | |
| STREET ADDRESS | 407 LINCOLN RD STE 700 | · | STREET ADDRESS | | • | • | |
| CITY-ST-ZIP | MIAMI FL 33138 | | CITY-ST-ZIP | <u> </u> | | Change Addition | |
| TITLE NAME | DVS FOTI, FRANK | Delete | NAME | D | | Accusion Madellon | |
| | 311 W 24TH ST STE 402 | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | ERIE PA 16502 | | CITY - ST - ZIP | | · | | |
| TITLE | | Delete | TITLE | L.d. | | ☐ Change | |
| NAME STREET ADDRESS | | • | NAME STREET ADDRESS | | dy Lease | 700 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | 7 Lincoln Rd. Suite | 700 | |
| TITLE | | ☐ Delete | TITLE | s | | ☐ Change ☑ Addition | |
| NAME | | | NAME | | vid Brooker | | |
| STREET ADDRESS | | | STREET ADDRESS CITY-ST-ZIP | 1 | D-A E. Bissell Ave. | | |
| CITY-ST-ZIP | | □ Delete | TITLE | VF | City, PA. 16301 | ☐ Change | |
| NAME . | · | ∟ Delete . | NAME | | vard Clark | Orlange | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | 311 | W. 24th St. Ste 4 | 102 | |
| MILE | | ☐ Delete | TITLE | <u> </u> | C/ IA. 10302 | ☐ Change ☐ Addition | |
| NAME | • | · · · | NAME | · , | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | <u> </u> | | · · · · · · · · · · · · · · · · · · · | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jul Leure

/28/04 .. 305-534-5/01

FILED