

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # H60591

1. Entity Name
KIDNEY LIFE, INC.



Principal Place of Business
**10755 PARK BLVD. N.
SUITE B
SEMINOLE, FL 33772**

Mailing Address
**P O BOX 47069
SAINT PETERSBURG, FL 33743-7069**

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2603601

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MALTI, JOSSETTE
10755 PARK BLVD. N.
SEMINOLE, FL 33772**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPV
NAME	MALTI, JOSSETTE
STREET ADDRESS	5666 SEMINOLE BLVD.
CITY-ST-ZIP	SEMINOLE, FL
TITLE	DT
NAME	MALTI, GERALD II
STREET ADDRESS	813 OLD CHARLESTON WAY
CITY-ST-ZIP	LARGO, FL 33770
TITLE	DS
NAME	MALTI, BILLIE-JO
STREET ADDRESS	5849 ORANGE RD.
CITY-ST-ZIP	SEMINOLE, FL 33772

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

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IN THIS SPACE**

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01/13/05-80037-009 158.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/05

(727) 522-2555