

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90486 026 \*\*\*158.75

**DOCUMENT # H60591**

1. Entity Name  
**KIDNEY LIFE, INC.**



Principal Place of Business  
**5666 SEMINOLE BLVD. #6  
SEMINOLE FL 33772**

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

**60006375**



2. Principal Place of Business

3. Mailing Address

**10755 Park Blvd. N.**

Suite, Apt. #, etc.

**Suite B**

Suite, Apt. #, etc.

City & State

**Seminole, Florida**

City & State

Zip **33772**

Country **USA**

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**MALTI, JOSSETTE  
5666 SEMINOLE BLVD. #6  
SEMINOLE FL 33772**

Name

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

**10755 Park Blvd. N.**

City

**Seminole**

**FL**

Zip Code

**33772**

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, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPV** ☐ Delete  
NAME **MALTI, JOSSETTE**  
STREET ADDRESS **5666 SEMINOLE BLVD.**  
CITY-ST-ZIP **SEMINOLE FL**

TITLE **DT** ☐ Change ☒ Addition  
NAME **MALTI, Gerald II**  
STREET ADDRESS **813 Old Charleston Way**  
CITY-ST-ZIP **Largo, FL 33770**

TITLE **DTS** ☒ Delete  
NAME **SIEDLECKI, MICHAEL**  
STREET ADDRESS **5666 SEMINOLE BLVD.**  
CITY-ST-ZIP **SEMINOLE FL**

TITLE **DS** ☐ Change ☒ Addition  
NAME **MALTI, BILLIE-JO**  
STREET ADDRESS **5849 Orange Road**  
CITY-ST-ZIP **Seminole, FLORIDA 33772**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

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: **Josette S. Malti, CEO/Pres.** 11/9/03 (727) 580-1337  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)