

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90026 028 ***158.75

DOCUMENT # H69924

1. Entity Name
OCALA KIDNEY GROUP, INC.



Principal Place of Business
2980 S.E. 3RD COURT
OCALA, FL 34471-0445 US

Mailing Address
2980 S.E. 3RD COURT
OCALA, FL 34471-0445 US



04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2750578

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FUTCH, WILLIAM R
610 SE 17TH ST
OCALA, FL 34471

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD NWALECOBY, IZUCHUKWU E MD 2980 S.E. 3RD COURT OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ULLAND, L. ARLIE 2980 S.E. 3RD COURT OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD SEEK, MELVIN M 2980 SW 3RD CT OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOCAY, HAROLD R 2980 S.E. 3RD COURT OCALA, FL 344710445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAKSHMINARAYANAN, SURESH MD 2980 S.E. 3RD COURT OCALA, FL 344710445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAD ROGERS, TIMOTHY W MD 2980 S.E. 3RD COURT OCALA, FL 344710445

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4/22/08
Date

352-622-4231
Daytime Phone #