2000 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2000 8:00 am **DOCUMENT # J87657 Secretary of State** 1. Entity Name KIDNEY DISEASE CONSULTANTS OF BRADENTON, P.A. 02-08-2000 90052 026 ***150 00 Principal Place of Business Mailing Address 508 MANATEE AVE E 508 MANATEE AVE. E. **BRADENTON FL 34208** 802 11TH STREET WEST BRADENTON FL 34208-1146 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2827769 Not -Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WALTERS, CLIFFORD L. Street Address (P.O. Box Number is Not Acceptable) 802 11TH STREET WEST **BRADENTON FL 34205** 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. _ · · · · ☐ Change TITLE ☐ Delete TITLE BRAXTAN, THOMAS N. NAME 510 63RD ST., N.W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** [] · · · · · · Delete TITLE Change TITLE GURUSWAMY, RAMAMURTHY NAME NAME STREET ADDRESS 1107 91ST STREET N.W. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL ☐.Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _ · · · · ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00

914-244-0024

Daytime Phone #