

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000454

1. Entity Name

CENTRAL FLORIDA KIDNEY CENTER OF OSCEOLA COUNTY,

Principal Place of Business

105 BONNIE LOCH CT  
ORLANDO FL 32806

Mailing Address

105 BONNIE LOCH CT  
ORLANDO FL 32806-2909

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3378605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHAEL, MAUREEN  
105 BONNIE LOCH CT  
ORLANDO FL 32806

Name

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

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.

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 \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
MGRM  
RENAL EQUITY CORP  
STREET ADDRESS 105 BONNIE LOCH CT  
CITY- ST- ZIP ORLANDO FL 32806

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

TITLE NAME ☐ Delete  
MGRM  
KAR, PRAN M.D.  
STREET ADDRESS 514 W COLUMBIA ST  
CITY- ST- ZIP ORLANDO FL 32806

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

TITLE NAME ☐ Delete  
MGRM  
MOROS, JULIO M.D.  
STREET ADDRESS 1130 S SEMORAN BLVD SUITE A  
CITY- ST- ZIP ORLANDO FL 32807

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

TITLE NAME ☐ Delete  
MGRM  
PRYOR, NORMAN M.D.  
STREET ADDRESS 85 W MILLER  
CITY- ST- ZIP ORLANDO FL 32806

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3-28-00

Date

407-843-6110

Daytime Phone #

APPROVED  
AND  
FILED

00 MAR 30 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)