

# 2001 UNIFORM BUSINESS REPORT (UBR)

0005699 AF

DOCUMENT # **L96000000454**

1. Entity Name  
**CENTRAL FLORIDA KIDNEY CENTER OF OSCEOLA COUNTY,**

FILED

01 MAR 19 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
105 BONNIE LOCH CT  
ORLANDO FL 32806

Mailing Address  
105 BONNIE LOCH CT  
ORLANDO FL 32806



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **59-3378605**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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 \_\_\_\_\_ (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  
**100003909501**  
**-03/26/01--01103--025**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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: *Michael Maureen* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-14-01 407-843-6110  
Date Daytime Phone #

CR2E083 (11/00)