

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L96000000454

FILED  
Feb 05, 2002 8:00 AM  
Secretary of State

**Entity Name:** CENTRAL FLORIDA KIDNEY CENTER OF OSCEOLA COUNTY, L.C.

## Current Principal Place of Business:

105 BONNIE LOCH CT  
ORLANDO, FL 32806

## New Principal Place of Business:

203 ERNESTINE STREET  
ORLANDO, FL 328013621 US

## Current Mailing Address:

105 BONNIE LOCH CT  
ORLANDO, FL 32806

## New Mailing Address:

203 ERNESTINE STREET  
ORLANDO, FL 328013621

**FEI Number:** 59-3378605

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

## Name and Address of Current Registered Agent:

MICHAEL, MAUREEN  
105 BONNIE LOCH CT  
ORLANDO, FL 32806 US

## Name and Address of New Registered Agent:

MICHAEL, MAUREEN  
203 ERNESTINE STREET  
ORLANDO, FL 328013621 US

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:

02/05/2002

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: RENAL EQUITY CORP,  
Address: 105 BONNIE LOCH CT  
City-St-Zip: ORLANDO, FL 32806

Title: MGRM ( ) Delete  
Name: KAR, PRAN M.D.  
Address: 514 W COLUMBIA ST  
City-St-Zip: ORLANDO, FL 32806

Title: MGRM ( ) Delete  
Name: MOROS, JULIO M.D.  
Address: 1130 S SEMORAN BLVD SUITE A  
City-St-Zip: ORLANDO, FL 32807

Title: MGRM ( ) Delete  
Name: PRYOR, NORMAN M.D.  
Address: 85 W MILLER  
City-St-Zip: ORLANDO, FL 32806

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: RENAL EQUITY CORP,  
Address: 203 ERNESTINE STREET  
City-St-Zip: ORLANDO, FL 328013621 US

Title: MGRM (X) Change ( ) Addition  
Name: KAR, PRAN M.D.  
Address: 514 W COLUMBIA ST  
City-St-Zip: ORLANDO, FL 32806 US

Title: MGRM (X) Change ( ) Addition  
Name: MOROS, JULIO M.D.  
Address: 1130 S SEMORAN BLVD SUITE A  
City-St-Zip: ORLANDO, FL 32807 US

Title: MGRM (X) Change ( ) Addition  
Name: PRYOR, NORMAN M.D.  
Address: 85 W MILLER  
City-St-Zip: ORLANDO, FL 32806 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MAUREEN MICHAEL

MGRM

02/05/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date