2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N08000008443

Entity Name: MARION COUNTY KIDNEY FOUNDATION, INC.

Current Principal Place of Business:

2980 S.E. 3RD COURT
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

2980 S.E. 3RD COURT
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 26-3333665 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PINA, DOLORES
2980 S.E. 3RD COURT
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: BANFIELD, MICHELLE
Address: 4504 S.W. 46TH DRIVE
City-St-Zip: GAINESVILLE, FL 32608 US

Title: V ( ) Delete
Name: LAKSHMINARAYANAN, SURESH
Address: 2980 S.E. 3RD COURT
City-St-Zip: OCALA, FL 34471 US

Title: T ( ) Delete
Name: SCHLOSSER, DEBORAH
Address: 2980 S.E. 3RD COURT
City-St-Zip: OCALA, FL 34471 US

Title: S ( ) Delete
Name: PINA, DOLORES
Address: 1415 N.E. 46TH ROAD
City-St-Zip: OCALA, FL 34470 US

Title: O ( ) Delete
Name: FUTCH, R. WILLIAM
Address: 610 S.E. 17TH STREET
City-St-Zip: OCALA, FL 34471 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE L SCHLOSSER T 04/30/2009

Electronic Signature of Signing Officer or Director — Date