


FILED

Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000006309 (5)

KIDNEY KIDS OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
423 ALSTON DRIVE ORLANDO FL 32835	423 ALSTON DRIVE ORLANDO FL 32835

3. Date Incorporated or Qualified	
11/07/1997	
4. FEI Number	Applied For
	Not Applicable

2. Principal Place of Business		2a. Mailing Address	
21		2b	P.O. Box 616571
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	Orlando, FL
Zip	Country	Zip	Country
24	25	29	30
		32861	orange

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

24		25		26		27		28		29		30		31		32		33		34		35		36		37		38		39		40		41		42		43		44		45		46		47		48		49		50		51		52		53		54		55		56		57		58		59		60		61		62		63		64		65		66		67		68		69		70		71		72		73		74		75		76		77		78		79		80		81		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97		98		99		100	
9. Name and Address of Current Registered Agent																																																												81		Name																																																																																											
DOYLE BOEHM, DELIA																																																												82		Street Address																																																																																											
5 SPRINGWOOD TRAIL																																																												83																																																																																													
ORMOND BEACH FL 32174																																																												84		City																																																																																											

10. Name and Address of New Registered Agent

(P.O. Box Number is Not Acceptable)

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12.		OFFICERS AND DIRECTORS	
TITLE	D		<input type="checkbox"/> DELETE
NAME	BUSLOVICH, LINDA		
STREET ADDRESS	423 ALTON DRIVE		
CITY - ST - ZIP	ORLANDO FL 32835		
TITLE	D		<input type="checkbox"/> DELETE
NAME	WOOLERY, FAYE		
STREET ADDRESS	329 BLUE BAYOU DR.		
CITY - ST - ZIP	KISSIMMEE FL 34743		
TITLE	D		<input type="checkbox"/> DELETE
NAME	WOOLERY, PAUL		
STREET ADDRESS	329 BLUE BAYOU DR.		
CITY - ST - ZIP	KISSIMMEE FL 34743		
TITLE	D		<input type="checkbox"/> DELETE
NAME	DOYLE BOEHM, DELIA		
STREET ADDRESS	5 SPRINGWOOD TRAIL		
CITY - ST - ZIP	ORMOND BEACH FL 32174		
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	S/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	T/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE	V/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CP2E037 (10/97)