

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006309

1. Entity Name

KIDNEY KIDS OF CENTRAL FLORIDA, INC.

Principal Place of Business

5342 FALLING WATER DR  
ORLANDO FL 32818

Mailing Address

PO BOX 450984  
KISSIMMEE FL 34745-0984  
US

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

59-3479851

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOYLE BOEHM, DELIA  
5 SPRINGWOOD TRAIL  
ORMOND BEACH FL 32174

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 \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RATHMANN, MICHELE 5342 FALLING WATER DR ORLANDO FL 32818	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOOLERY, FAYE 329 BLUE BAYOU DR. KISSIMMEE FL 34743	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOOLERY, PAUL 329 BLUE BAYOU DR. KISSIMMEE FL 34743	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, JEANETTE 512 CEDAR BEND CIRCLE APT 102 ORLANDO FL 32852	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RATHMANN, MICHELE 5342 FALLING WATER DR ORLANDO FL 32818	<input checked="" type="checkbox"/> Delete <i>officer name is duplicated</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDRA BOHEN, DELIA D 5 SPRINGWOOD TRAIL ORMOND BEACH FL 32174	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-01 (407) 348-7492  
Date Daytime Phone #

FILED  
Feb 27, 2001 8:00 am  
Secretary of State

02-27-2001 90302 018 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)