2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006309

FILED Feb 21, 2010 Secretary of State

Entity Name: KIDNEY KIDS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

2068 PICNIC LANE APOPKA, FL 327038

Current Mailing Address: New Mailing Address:

PO BOX 450984

KISSIMMEE, FL 347450984 US

FEI Number: 59-3479851 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DOYLE BOEHM, DELIA 5 SPRINGWOOD TRAIL

ORMOND BEACH, FL 32174 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: RATHMANN, MICHELE Address: 2068 PICNIC LANE City-St-Zip: APOPKA, FL 32703

Title: SD

Name: WOOLERY, FAYE
Address: 3122 RIACHUELO LANE
City-St-Zip: KISSIMMEE, FL 34744

Title: TD

Name: WOOLERY, PAUL
Address: 3122 RIACHUELO LANE
City-St-Zip: KISSIMMEE, FL 34744

Title: VD

Name: VARGAS, JEANETTE R Address: 10600 BLOOMFIELD DRIVE City-St-Zip: ORLANDO, FL 32825

Title: RA

Name: BOHEN, DELIA D
Address: 5 SPRINGWOOD TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD

Name: HARTMAN, LINDA Address: 868 GREGORY LANE

City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby 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 all other like empowered.

SIGNATURE: PAUL WOOLERY TD 02/21/2010