

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90019 034 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000074122

1. Entity Name
RENAL MANAGEMENT SERVICES, INC.



Principal Place of Business Mailing Address
1775 JAMAICA WAY 1775 JAMAICA WAY
PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
1449 Shadwell Circle 1449 Shadwell Circle
City & State City & State
Heathrow, FL Heathrow, FL
Zip Country Zip Country
32746 Seminole 32746 Seminole

01212004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3670954 Not Applicable

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

6. Name and Address of Current Registered Agent
BROWN, GARY M
1775 JAMAICA WAY 1449 Shadwell Circle
PUNTA GORDA, FL 33950 Heathrow, FL 32746

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 1-21-04
(NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BROWN, GARY M	1775 JAMAICA WAY	PUNTA GORDA, FL 33950	<input type="checkbox"/>
ST	BROWN, SANDY	1775 JAMAICA WAY	PUNTA GORDA, FL 33950	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	GARY M BROWN	1449 Shadwell Circle	Heathrow, FL 32746	<input type="checkbox"/>
	Sandy Brown	1449 Shadwell Circle	Heathrow, FL 32746	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-04 407-804-0744
Date Daytime Phone #