

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90365 008 \*\*\*150.00

**DOCUMENT # P00000074122**

1. Entity Name  
**RENAL MANAGEMENT SERVICES, INC.**



Principal Place of Business  
**1449 SHADWELL CIRCLE.  
LAKE MARY, FL 32746**

Mailing Address  
**1449 SHADWELL CIRCLE.  
LAKE MARY, FL 32746**

**40030010**



2. Principal Place of Business  
**1102 RIVERSIDE DR**  
Suite, Apt. #, etc.

3. Mailing Address  
**1102 RIVERSIDE DR**  
Suite, Apt. #, etc.

04122006 Chg-P CR2E034 (11/05)

City & State  
**Palmetto, FL**  
Zip  
**34221**  
Country  
**U.S.A.**

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**Palmetto, FL**  
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4. FEI Number  
**59-3670954**  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**BROWN, GARY M  
1449 SHADWELL CIRCLE  
LAKE MARY, FL 32746**

## 7. Name and Address of New Registered Agent

Name  
**GARY M. BROWN**  
Street Address (P.O. Box Number is Not Acceptable)  
**1102 RIVERSIDE DR**  
City  
**Palmetto** **FL** Zip Code  
**34221**

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 **Sandy L Brown** **4-12-06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BROWN, GARY M 1449 SHADWELL CIRCLE LAKE MARY, FL 32746</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST BROWN, SANDY 1449 SHADWELL CIRCLE LAKE MARY, FL 32746</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>GARY M BROWN 1102 Riverside Dr Palmetto, FL 34221</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Sandy Brown 1102 Riverside Dr Palmetto, FL 34221</b>	<input checked="" 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 exemptions contained 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 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 an address, with all other like empowered.

SIGNATURE: **Sandy L Brown** **4-12-06** **941 932-6765**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #