

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90089 034 ***150.00

DOCUMENT # P00000074122



1. Entity Name
RENAL MANAGEMENT SERVICES, INC.

Principal Place of Business
530 E. CENTRAL BOULEVARD, #1901
ORLANDO FL 32801

Mailing Address
530 E. CENTRAL BOULEVARD, #1901
ORLANDO FL 32801

2. Principal Place of Business
1775 JAMAICA WAY
Suite, Apt. #, etc.

3. Mailing Address
1775 JAMAICA WAY
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
PUNTA GORDA, FLA

City & State
PUNTA GORDA, FLA

4. FEI Number 59-3670954

Applied For
Not Applicable

Zip 33950 Country CHARLOTTE

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

6. Name and Address of Current Registered Agent

BROWN, GARY M
530 E. CENTRAL BOULEVARD, #1901
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name GARY M
Street Address (P.O. Box Number is Not Acceptable)
1775 JAMAICA WAY
City PUNTA GORDA FL Zip Code 33950

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, 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, GARY M	
STREET ADDRESS	530 E CENTRAL BLVD #1901	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BROWN, SANDY	
STREET ADDRESS	530 E CENTRAL BLVD #1901	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1775 JAMAICA WAY	
CITY-ST-ZIP	PUNTA GORDA, FLA 33950	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1775 JAMAICA WAY	
CITY-ST-ZIP	PUNTA GORDA, FLA 33950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an address, with all other like empowered.

SIGNATURE: SIGNATURE OF GARY M BROWN 1-9-03 941-833-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)