FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2004 8:00 am
Secretary of State
03-15-2004 90006 050 ***150.00

DOCUMENT # P03000134871

1. Entity Name
KIDNEY INTERVENTION AND DIALYSIS center OF NAPLES, P.A.

DO NOT WRITE IN THIS SPACE

54018051

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
878 109th Avenue North		P.O. Box 110811	
Suite, Apt. #, etc. SUITE 2		Suite, Apt. #, etc.	
City & State NAPLES FLORIDA		City & State NAPLES, FLORIDA	
Zip 34108	Country USA	Zip 34108	Country USA

4. FEI Number 20-0419805 ☐ Applied For ☐ Not Applicable

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

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7. **Name and Address of Current Registered Agent**

Name MARK S. RUSSO

Street Address (P.O. Box Number is Not Acceptable)
275 FAIRWAY CIRCLE

City NAPLES FL Zip Code 34110

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 Mark S. Russo MD PhD — 3/9/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	D= DIRECTOR
NAME	MARK S. RUSSO, MD, PhD
STREET ADDRESS	878 109th AVENUE NORTH SUITE 2
CITY-ST-ZIP	NAPLES, FLORIDA 34108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mark S. Russo MD PhD — 3/9/04 — 1.239.513.1002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachments- P03 000 134871

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Florida Department of State
Glenda E. Hood
Secretary of State

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

March 12, 2004

Subject: Kidney Intervention and Dialysis Center of Naples, P.A.

Corp. Document Number: P03000134871

Enclosed is the UBR and check for $150.00.

Further information will be provided upon request.

Thank you for your attention to this matter.

Mark S. Russo, MD, PhD

Address all correspondences to:

Kidney Intervention and Dialysis Center of Naples, P.A.
878 109th Avenue North
Suite 2
Naples, Florida 34108