FILED
Apr 23, 2007 8:00 am
Secretary of State
01-29-2007 90094 005 ***150.00

1/2!

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000134871

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

Principal Place of Business	Mailing Address
878 109TH AVENUE NORTH STE 2 NAPLES, FL 34108	~~PO BOX 110811~~ ~~NAPLES, FL 34108~~ 878 109th Ave No Naples, FL 34108

DO NOT WRITE IN THIS SPACE

01172007 No Chg-P CR2E034 (11/05)

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

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

6. Name and Address of Current Registered Agent

RUSSO, MARK S
275 FAIRWAY CIRCLE
NAPLES, FL 34110

DO NOT WRITE IN THIS SPACE

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 1/19/07
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D S
NAME	RUSSO, MARK MD PHD
STREET ADDRESS	878 109TH AVENUE NORTH STE 2
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Mark S. Russo 4/17/07 239-513-1002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #