

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90005 045 ***150.00

DOCUMENT # P03000134871

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



Principal Place of Business
**878 109TH AVENUE NORTH
STE 2
NAPLES, FL 34108**

Mailing Address
**878 109TH AVENUE NORTH
STE 2
NAPLES, FL 34108**

40008479



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0419805	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RUSSO, MARK S
~~275 FAIRWAY CIRCLE~~ **878 109th Ave No**
~~NAPLES, FL 34110~~ **NAPLES, FL 34108**

**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 _____

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, 2008 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
NAME	RUSSO, MARK J MD PHD
STREET ADDRESS	878 109TH AVENUE NORTH STE 2
CITY-ST-ZIP	NAPLES, FL 34108

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/2008