

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90047 027 ***150.00

DOCUMENT # P04000113353

1. Entity Name
THE KIDNEY CENTER, INC.



Principal Place of Business
6738 SW 81ST STREET
GAINESVILLE, FL 32608

Mailing Address
6738 SW 81ST STREET
GAINESVILLE, FL 32608

50055824



2. Principal Place of Business

700 ZEAGLER DRIVE

3. Mailing Address

700 ZEAGLER DR.

Suite, Apt. #, etc.

SUITE 2

Suite, Apt. #, etc.

SUITE 2

City & State

PALATKA FL

City & State

PALATKA FL

Zip

32177

Country

USA

Zip

32177

Country

USA

07132005

Chg-P

CR2E034 (10/03)

4. FEI Number

16-1705471

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KALEEM, AYESHA
6738 SW 81ST STREET
GAINESVILLE, FL 32608

7. Name and Address of New Registered Agent

Name

700 ZEAGLER DRIVE
SUITE 2

City

PALATKA

FL

Zip Code

32177

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.

(Address change only)

SIGNATURE

Ayesha Kaleem

Ayesha Kaleem

7/13/05

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
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PST
NAME KALEEM, AYESHA
STREET ADDRESS 6738 SW 81ST STREET
CITY-ST-ZIP GAINESVILLE, FL 32608

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 700 ZEAGLER DRIVE, SUITE 2
CITY-ST-ZIP PALATKA FL 32177

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: *Ayesha Kaleem*

AYESHA KALEEM 7/13/05 (386) 312-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #