

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000022418

1. Entity Name

EAST ORLANDO DIALYSIS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90946 015 ***150.00

Principal Place of Business Mailing Address
 3885 OAKWATER CIRCLE
 ORLANDO FL 32806 3885 OAKWATER CIRCLE
 ORLANDO FL 32806-6264

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3172504

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLT, SHAMUS M
 3885 OAKWATER CIRCLE
 ORLANDO FL 32806

Name Lionel Abbott

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

3885 Oakwater circle

City Orlando

FL

Zip Code 32806

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.

SIGNATURE *Lionel Abbott*
 Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
 NAME HOLCOMB, ALLEN K.
 STREET ADDRESS 3885 OAKWATER CIRCLE
 CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Delete
 NAME STONEROCK, ROBERT F JR.
 STREET ADDRESS 3885 OAKWATER CIRCLE
 CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD ☐ Delete
 NAME MARBURY, THOMAS C
 STREET ADDRESS 3885 OAKWATER CIRCLE
 CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME ABBOTT, LIONEL C
 STREET ADDRESS 3885 OAKWATER CIRCLE
 CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME PRINCE, TIMOTHY L
 STREET ADDRESS 3885 OAKWATER CIRCLE
 CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☒ Delete
 NAME HOLT, SHAMUS M
 STREET ADDRESS 3885 OAKWATER CIRCLE
 CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 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 #

CR2E034 (9/99)