2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P94000005395

Entity Name: RENEX DIALYSIS CLINIC OF TAMPA, INC.

Current Principal Place of Business:

2525 WEST END AVE.
SUITE 600
NASHVILLE, TN 37203 US

New Principal Place of Business:

Current Mailing Address:

2525 WEST END AVE.
SUITE 600
NASHVILLE, TN 37203 US

New Mailing Address:

FEI Number: 59-3244925 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BRUKARDT, GARY A
Address: 2525 WEST END AVENUE, SUITE 600
City-St-Zip: NASHVILLE, TN 37203 US

Title: VD ( ) Delete
Name: DILL, DAVID M
Address: 2525 WEST END AVENUE, SUITE 600
City-St-Zip: NASHVILLE, TN 37203 US

Title: VS (X) Delete
Name: CHAPPELL, DOUGLAS B
Address: 2525 WEST END AVENUE, SUITE 600
City-St-Zip: NASHVILLE, TN 37203 US

Title: V (X) Delete
Name: MARTIN, TIMOTHY P
Address: 2525 WEST END AVENUE, SUITE 600
City-St-Zip: NASHVILLE, TN 37203 US

Title: V (X) Delete
Name: HAKIM, RAYMOND M
Address: 2525 WEST END AVENUE, SUITE 600
City-St-Zip: NASHVILLE, TN 37203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WAHLSTROM, MATS
Address: 95 HAYDEN AVENUE
City-St-Zip: LEXINGTON, MA 02420 US

Title: SEC (X) Change ( ) Addition
Name: KOTT, DOUGLAS G
Address: 95 HAYDEN AVENUE
City-St-Zip: LEXINGTON, MA 02420 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS G. KOTT SEC 05/01/2006

Electronic Signature of Signing Officer or Director Date