

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90283 021 \*\*\*158.75

**DOCUMENT # P94000067213**

1. Entity Name

OCALA KIDNEY ASSOCIATES, INC.



Principal Place of Business

2870 SE 1ST AVE  
OCALA FL 34471  
US

Mailing Address

2980 S.E. THIRD COURT  
OCALA FL 34471-0445

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

59-3265582

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

FUTCH, R. WILLIAM  
500 N.E. EIGHTH AVE.  
OCALA FL 34470

Name

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

610 SE 17th Street

City

Ocala

FL

Zip Code

34471

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, 2004: Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	DP FULLER, THOMAS J	<input type="checkbox"/> Delete
STREET ADDRESS	2980 S.E. THIRD COURT	
CITY-ST-ZIP	OCALA FL	
TITLE NAME	VP ULLAND, L. ARLIE	<input type="checkbox"/> Delete
STREET ADDRESS	2980 S.E. THIRD COURT	
CITY-ST-ZIP	OCALA FL	
TITLE NAME	DS SEEK, MELVIN M	<input type="checkbox"/> Delete
STREET ADDRESS	2980 S.E. THIRD COURT	
CITY-ST-ZIP	OCALA FL	
TITLE NAME	DT THOMPSON, GREGORY R	<input type="checkbox"/> Delete
STREET ADDRESS	2980 S.E. THIRD COURT	
CITY-ST-ZIP	OCALA FL	
TITLE NAME	D FULLER, JOHN C	<input type="checkbox"/> Delete
STREET ADDRESS	2980 SE 3RD COURT	
CITY-ST-ZIP	OCALA FL	
TITLE NAME	D LOCAY, HAROLD R	<input type="checkbox"/> Delete
STREET ADDRESS	2980 S.E. THIRD COURT	
CITY-ST-ZIP	OCALA FL 34471	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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:**

*A well*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

Date

352-622-4231

Daytime Phone #