

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90247 004 ***158.75

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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

DO NOT WRITE IN THIS SPACE



04222006 No Chg-P CR2E034 (11/05)

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

FUTCH, R. WILLIAM
610 SE 17TH STREET
OCALA, FL 34471

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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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME FULLER, THOMAS J
STREET ADDRESS 2980 S.E. THIRD COURT
CITY-ST-ZIP Ocala, FL

TITLE VP
NAME ULLAND, L. ARLIE
STREET ADDRESS 2980 S.E. THIRD COURT
CITY-ST-ZIP Ocala, FL

TITLE DS
NAME SEEK, MELVIN M
STREET ADDRESS 2980 S.E. THIRD COURT
CITY-ST-ZIP Ocala, FL

TITLE DT
NAME THOMPSON, GREGORY R
STREET ADDRESS 2980 S.E. THIRD COURT
CITY-ST-ZIP Ocala, FL

TITLE D
NAME FULLER, JOHN C
STREET ADDRESS 2980 SE 3RD COURT
CITY-ST-ZIP Ocala, FL

TITLE D
NAME LOCAY, HAROLD R
STREET ADDRESS 2980 S.E. THIRD COURT
CITY-ST-ZIP Ocala, FL 34471

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Delete

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:

Melvin M. Seek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06
Date

352-622-4231
Daytime Phone #