


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000067213 1. Entity Name OCALA KIDNEY ASSOCIATES, INC.	
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Principal Place of Business 2870 SE 1ST AVE OCALA, FL 34471 US	Mailing Address 2980 S.E. THIRD COURT OCALA, FL 34471-0445
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04222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3265582	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FUTCH, R. WILLIAM 610 SE 17TH STREET OCALA, FL 34471

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FULLER, THOMAS J 2980 S.E. THIRD COURT OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ULLAND, L. ARLIE 2980 S.E. THIRD COURT OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SEEK, MELVIN M 2980 S.E. THIRD COURT OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT THOMPSON, GREGORY R 2980 S.E. THIRD COURT OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCAY, HAROLD R 2980 S.E. THIRD COURT OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **4/22/08** **352-622-4231**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #