

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000067213

FILED  
Apr 16, 2010  
Secretary of State

Entity Name: OCALA KIDNEY ASSOCIATES, INC.

## Current Principal Place of Business:

2870 SE 1ST AVE  
OCALA, FL 34471 US

## New Principal Place of Business:

## Current Mailing Address:

2980 S.E. THIRD COURT  
OCALA, FL 344710445

## New Mailing Address:

FEI Number: 59-3265582      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP  
Name: FULLER, THOMAS J  
Address: 2980 S.E. THIRD COURT  
City-St-Zip: OCALA, FL

Title: VP  
Name: ULLAND, L. ARLIE  
Address: 2980 S.E. THIRD COURT  
City-St-Zip: OCALA, FL

Title: DS  
Name: SEEK, MELVIN M  
Address: 2980 S.E. THIRD COURT  
City-St-Zip: OCALA, FL

Title: DT  
Name: THOMPSON, GREGORY R  
Address: 2980 S.E. THIRD COURT  
City-St-Zip: OCALA, FL

Title: D  
Name: LOCAY, HAROLD R  
Address: 2980 S.E. THIRD COURT  
City-St-Zip: OCALA, FL 34471

I hereby 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 all other like empowered.

SIGNATURE: MELVIN M SEEK, MD

DS

04/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date