## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 17, 2002 8:00 am Secretary of State DOCUMENT # P95000080902 1. Entity Name LAKE DIALYSIS CENTER - LEESBURG, INC. 02-17-2002 90002 005 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 8 P.O. BOX 8 MOUNT DORA FL 32756 MOUNT DORA FL 32756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3347487 Not Applicable Zip Country Country Zip-\$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICE, JOHN S. C.P.A. Street Address (P.O. Box Number is Not Acceptable) 627 N. DONNELLY ST. **MOUNT DORA FL 32757** City Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTD Delete TITLE Addition NAME DOOMS, JOHN D NAME STREET ADDRESS 202 COCONUT AVE P.O. BOX 2113 STREET ADDRESS CiTY-ST-ZIP ANNA MARIA FL 34216 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MENESES-TAYLOR, M.D., RUTH NAME STREET ADDRESS 3801 N. HWY 19A SUITE 402 STREET ADDRESS CITY-ST-ZIP **MOUNT DORA FL 32757** CITY - ST - ZIE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

changed, or on an attachment with ar

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**FILED**