

DOCUMENT # P96000031666

1. Entity Name

RENAL EQUITY CORP.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90020 011 ***150.00

Principal Place of Business

105 BONNIE LOCH COURT
ORLANDO FL 32806

Mailing Address

105 BONNIE LOCH COURT
ORLANDO FL 32806-2909

632540



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3378605

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MICHAEL, MAUREEN
105 BONNIE LOCH COURT
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME KELLY, KERRY M
STREET ADDRESS 918 OSCEOLA STREET
CITY-ST-ZIP ORLANDO FL 32804 ☒ DeleteTITLE PD
NAME SIMASEK, REGIS A
STREET ADDRESS 601 FERNCREEK AVENUE
CITY-ST-ZIP ORLANDO FL 32803 ☐ DeleteTITLE VPD
NAME KASSAB, JERRY
STREET ADDRESS 600 COURTLAND STREET STE 300
CITY-ST-ZIP ORLANDO FL 32804 ☐ DeleteTITLE SD
NAME SCOTT, ROBERT
STREET ADDRESS 801 JOHNS ROAD
CITY-ST-ZIP APOPKA FL 32703 ☒ DeleteTITLE TD
NAME COLDREN, SHANE
STREET ADDRESS 3600 CLEMWOOD DRIVE
CITY-ST-ZIP ORLANDO FL 32803 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE SECRETARY / DIRECTOR
NAME ANN EIDSON
STREET ADDRESS 2629 COUNTRY SIDE CIRCLE NORTH
CITY-ST-ZIP ORLANDO FL 32804 ☐ Change ☒ Addition

CR2E034 (9/99)

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 empowered 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 an address, with all other like empowered.

SIGNATURE:

Maureen Michael

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-00

Date

407-843-6110

Daytime Phone #