

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90828 033 ***150.00

DOCUMENT # P96000031666

1. Entity Name
RENAL EQUITY CORP.



Principal Place of Business
203 ERNESTINE STREET
ORLANDO FL 32801
US

Mailing Address
203 ERNESTINE STREET
ORLANDO FL 32801
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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
203 ERNESTINE STREET
ORLANDO FL 32801

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	SIMASEK, REGIS A	
STREET ADDRESS	601 FERNCREAK AVENUE	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KASSAB, JERRY	
STREET ADDRESS	1159 BENTLEY ESTATES DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ELDSOON, ANN	
STREET ADDRESS	2029 COUNTRY SIDE CIRCLE NORTH	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BALL, TOM	
STREET ADDRESS	SUN BANK BLDG SUITE 2300	
CITY-ST-ZIP	ORLANDO FL 32802	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	MICHAEL, MAUREEN CEO	
STREET ADDRESS	203 ERNESTINE STREET	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, BERYL	
STREET ADDRESS	1306 BRIDGEPORT DRIVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	SECRETARY / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, RAND	
STREET ADDRESS	3801 1/2 WEDGE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALL, TOM	
STREET ADDRESS	SUN BANK BLDG SUITE 2300	
CITY-ST-ZIP	ORLANDO FL 32802	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **2-18-03** **407-843-6110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)