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FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000048581 (8)

1. Corporation Name

OAKWATER NEPHROLOGY NETWORK, INC.

Principal Place of Business

3885 OAKWATER CIRCLE  
SUITE 2  
ORLANDO FL 32806

Mailing Address

3885 OAKWATER CIRCLE  
SUITE 2  
ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1996

4. FEI Number

59-3380861

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

HOLT, SHAMUS M M.B.A.  
3885 OAKWATER CIRCLE  
SUITE 2  
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME ABBOTT, LIONEL C M.D.  
STREET ADDRESS 3885 OAKWATER CIRCLE, SUITE 2  
CITY-ST-ZIP ORLANDO FL 32806 ☐ DELETE

TITLE D  
NAME COHEN, JEFFREY M M.D.  
STREET ADDRESS 3885 OAKWATER CIRCLE, SUITE 2  
CITY-ST-ZIP ORLANDO FL 32806 ☐ DELETE

TITLE D  
NAME HOLCOMB, ALLEN K M.D.  
STREET ADDRESS 3885 OAKWATER CIRCLE, SUITE 2  
CITY-ST-ZIP ORLANDO FL 32806 ☐ DELETE

TITLE D  
NAME HOLT, SHAMUS M M.B.A.  
STREET ADDRESS 3885 OAKWATER CIRCLE, SUITE 2  
CITY-ST-ZIP ORLANDO FL 32806 ☐ DELETE

TITLE D  
NAME MARBURY, THOMAS C M.D.  
STREET ADDRESS 3885 OAKWATER CIRCLE, SUITE 2  
CITY-ST-ZIP ORLANDO FL 32806 ☐ DELETE

TITLE D  
NAME PRINCE, TIMOTHY L M.D.  
STREET ADDRESS 3885 OAKWATER CIRCLE, SUITE 2  
CITY-ST-ZIP ORLANDO FL 32806 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE

CP2E034 (10/97)