


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90036 023 \*\*\*150.00

<b>DOCUMENT # P97000070775</b> 1. Entity Name <b>INDEPENDENT RENAL ASSOCIATES, INC.</b>					
Principal Place of Business <b>11220 7TH ST E TREASURE ISLAND, FL 33706 US</b>			Mailing Address <b>222 BLOOMINGDALE RD, #400 WHITE PLAINS, NY 10605</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3468899</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COUGHLIN, SEAN 11220 7TH ST E TREASURE ISLAND, FL 33706</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
<b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEES, JANET R 761 SOUNDVIEW DR PALM HARBOR, FL 34683		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO COUGHLIN, SEAN P 11220 7TH ST E TREASURE ISLAND, FL 33706		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CAPUTO, MARK 3820 E MERCER WAY MERCER ISLAND, WA 98040		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Sean P. Coughlin</i> C.O.D. (SEAN P. COUGHLIN)			1-20-04 727-368-9799		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

Attachment



Maier Markey & Menashi LLP

Certified Public Accountants and Consultants

#D97000070775

64000778

January 7, 2004

Mr. Sean P. Coughlin  
Independent Renal Associates, Inc.  
11220 Seventh Street East  
Treasure Island, FL 33706

### INSTRUCTIONS FOR FILING ATTACHED FORM

FORM ENCLOSED: 2004 For Profit Corporation Annual Report

TO BE SIGNED BY: An Officer

AMOUNT OF TAX DUE: \$150.00.  
Make check payable to "Florida Department of State."  
Include your Florida document number on the check.

MAIL FORM TO: Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

(We recommend you mail the form via certified mail; return receipt requested.)

MAIL FORM ON  
OR BEFORE: May 1, 2004.

REMARKS: A copy of the form is enclosed for your files.  
An envelope is enclosed for your use in filing this form.

AMOUNT OF TAX DUE: \$150.00