

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 JAN 28 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000070775**

1. Corporation Name

INDEPENDENT RENAL ASSOCIATES, INC

2. Principal Office Address

11220 7th ST. E.

Suite, Apt. #, etc.

3. Mailing Office Address

**c/o MAIER MARKEY +
MENASHI, LLP
222 BLOOMINGDALE RD**

City & State

Treasure Island, FL

City & State

WHITE PLAINS, NY

Zip

33706

Country

USA

Zip

10605

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/1997

5. FEI Number

59-3468899

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sean COUGHLIN

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

11220 7th ST. E.

Suite, Apt. #, Etc.

City

Treasure Island

State

FL

Zip Code

33706

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Sean P. Coughlin
REGISTERED AGENT MUST SIGN

Date

11/27/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	DEES, JANET R	761 SOUNDVIEW DR	PALM HARBOR, FL 34683
CHIEF OP. OFC.	COUGHLIN, SEAN P	11220 7th ST., E.	TREASURE ISLAND, FL 33706
CHIEF FINAN. OFC.	CAPUTO, MARK	3820 EAST MERCER WAY	MERCER ISLAND, WA 98040

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Sean P. Coughlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/27/02

Daytime Phone #

727-368-9799

CR02001 (9/01)

INDEPENDENT RENAL ASSOCIATES, INC.

11220 7th St. E. Treasure Island, FL 33706

Telephone (727) 368-9799

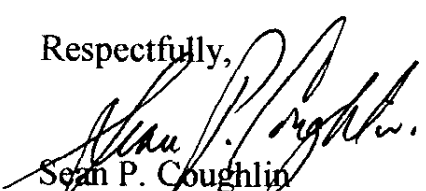
Fax (727) 367-9420

Dear Sir/Madam,

Nov. 25, 2002

I am submitting a corporation reinstatement form along with the annual \$150.00 fee. I respectfully request the \$600.00 penalty be waived as we moved our corporate headquarters from Clearwater, Fl. To Treasure Island, Fl. and did not apparently receive the two previous requests at our new address. We appreciate your understanding in this matter.

Respectfully,


Sean P. Coughlin
Chief Operating Officer