

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000097978**

1. Entity Name

INDEPENDENT RENAL ASSOCIATES OF KISSIMMEE, INC.**FILED**
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90006 037 ***150.00

Principal Place of Business

Mailing Address

**600 CLEVELAND ST
STE 910
CLEARWATER FL 33755
US****600 CLEVELAND ST
910
CLEARWATER FL 33755-4160
US****630064**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3480961

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****DEES, JANET R
600 CLEVELAND ST STE 910
CLEARWATER FL 33755**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DEES, JANET R**
CITY-ST-ZIP **761 SOUNDVIEW DRIVE**
PALM HARBOR FL 34683TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **COUGHLIN, SEAN P**
CITY-ST-ZIP **11220 7TH STREET, EAST**
TREASURE ISLAND FL 33706TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **CAPUTO, MARK**
CITY-ST-ZIP **199 MASSACHUSETTS AVENUE, SUITE 902**
BOSTON MA 02115TITLE ☒ Change ☐ Addition
NAME **CAPUTO, MARK**
STREET ADDRESS **3820 EAST MERCER WAY**
CITY-ST-ZIP **MERCER ISLAND, WA 98040**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BHARGAVA, AMIT M.D.**
CITY-ST-ZIP **14104 SNEAD CIRCLE**
ORLANDO FL 32837TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **SHANNONHOUSE, DONALD**
CITY-ST-ZIP **1529 REGAL COURT**
KISSIMMEE FL 34740TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janet R. Dees

Date

Daytime Phone #

3/20/00 727 443-4770

CR2E034 (9/99)