

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91026 035 ***158.75

DOCUMENT # S17507

1. Entity Name

OCALA CRITICAL CARE AND KIDNEY GROUP, INC.



Principal Place of Business

2980 SE 3RD CT
OCALA FL 34471-7445

Mailing Address

2980 SE 3RD CT
OCALA FL 34471-7445

94081300



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3069452

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

FUTCH, WILLIAM R.
756 SW 16TH AVE
OCALA FL 34474

Name

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

610 SE 17th Street

City

Ocala

FL

Zip Code

34471

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME FULLER, THOMAS J.
STREET ADDRESS 2980 SE 3RD CT
CITY-ST-ZIP Ocala FL

TITLE ASSISTANT TREASURER ☐ Change ☒ Addition
NAME SURESH LAKSHMINARAYANAN
STREET ADDRESS 2980 SE 3RD COURT
CITY-ST-ZIP Ocala, FL 34471

TITLE D ☐ Delete
NAME FULLER, JOHN
STREET ADDRESS 2980 SE 3RD CT
CITY-ST-ZIP Ocala FL

TITLE ASSISTANT SECRETARY ☐ Change ☒ Addition
NAME IZUE NWAKOBY, MD
STREET ADDRESS 2980 SE 3RD COURT
CITY-ST-ZIP Ocala FL 34471

TITLE DV ☐ Delete
NAME ULLAND, L'ARLIE
STREET ADDRESS 2980 SE 3RD CT
CITY-ST-ZIP Ocala FL

TITLE SARGEANT IN ARMS ☐ Change ☒ Addition
NAME TIMOTHY W ROGERS
STREET ADDRESS 2980 SE 3RD COURT
CITY-ST-ZIP Ocala FL 34471

TITLE S ☐ Delete
NAME SEEK, MELVIN M
STREET ADDRESS 2980 SE 3RD CT.
CITY-ST-ZIP Ocala FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME THOMPSON, GREGORY R
STREET ADDRESS 2980 SE 3RD CT
CITY-ST-ZIP Ocala FL 34471

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LOCAY, HAROLD R
STREET ADDRESS 2980 SE 3RD CT
CITY-ST-ZIP Ocala FL 34471

TITLE ☐ Change ☐ 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:

Thomas J Fuller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04
Date

352-622-4231
Daytime Phone #