
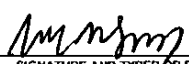


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90294 049 ***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		
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 59-3069452	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FUTCH, WILLIAM R. 610 SE 17TH ST OCALA, FL 34471				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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when registering)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FULLER, THOMAS J. 2980 SE 3RD CT OCALA, FL	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DASST Secretary Nwaleoby, Izuchukwu 617 SE 47th loop Ocala FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULLER, JOHN 2980 SE 3RD CT OCALA, FL	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- Asst. Treasurer Lakshminarayanan, Suresh 4220 SW 20th Avenue Ocala FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ULLAND, L. ARLIE 2980 SE 3RD CT OCALA, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- Sergeant in Arms Rogers, Timothy W. 2980 SE 3rd Court Ocala FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEEK, MELVIN M 2980 SE 3RD CT. OCALA, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- Asst. Secretary Leclercq, Baudouin 2980 SE 3rd Court Ocala FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMPSON, GREGORY R 2980 SE 3RD CT OCALA, FL 34471	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCAY, HAROLD R 2980 SE 3RD CT OCALA, FL 34471	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			4/25/06 352-622-4231		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		