


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # S17507 1. Entity Name OCALA CRITICAL CARE AND KIDNEY GROUP, INC.	
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Principal Place of Business 2980 SE 3RD CT OCALA, FL 34471-7445	Mailing Address 2980 SE 3RD CT OCALA, FL 34471-7445
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DO NOT WRITE IN THIS SPACE

04222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3069452	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FUTCH, WILLIAM R. 610 SE 17TH ST OCALA, FL 34471	DO NOT WRITE IN THIS SPACE
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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.

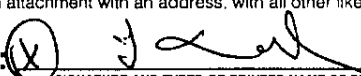
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAD ROGERS, TIMOTHY W 2980 SE 3RD CT OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD NWAKOBY, IZUCHUKWU 617 SE 7TH LOOP OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ULLAND, L. ARLIE 2980 SE 3RD CT OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD SEEK, MELVIN M 2980 SE 3RD CT. OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAKSHMINARAYANAN, SURESH 2980 SE 3RD CT OCALA, FL 344717445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOCAY, HAROLD R 2980 SE 3RD CT OCALA, FL 34471

**DO NOT WRITE
IN THIS SPACE**

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:  **4/22/08** **352-622-4231**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #