

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S17507

FILED
Apr 16, 2010
Secretary of State

Entity Name: OCALA CRITICAL CARE AND KIDNEY GROUP, INC.

Current Principal Place of Business:

2980 SE 3RD CT
OCALA, FL 344717445

New Principal Place of Business:

Current Mailing Address:

2980 SE 3RD CT
OCALA, FL 344717445

New Mailing Address:

FEI Number: 59-3069452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FUTCH, WILLIAM R.
610 SE 17TH ST
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SAD
Name: ROGERS, TIMOTHY W
Address: 2980 SE 3RD CT
City-St-Zip: OCALA, FL

Title: CPD
Name: NWAKOBY, IZUCHUKWU
Address: 617 SE 7TH LOOP
City-St-Zip: OCALA, FL 34480

Title: VD
Name: ULLAND, L. ARLIE
Address: 2980 SE 3RD CT
City-St-Zip: OCALA, FL

Title: CPD
Name: SEEK, MELVIN M
Address: 2980 SE 3RD CT.
City-St-Zip: OCALA, FL

Title: TD
Name: LAKSHMINARAYANAN, SURESH
Address: 2980 SE 3RD CT
City-St-Zip: OCALA, FL 344717445

Title: SD
Name: LOCAY, HAROLD R
Address: 2980 SE 3RD CT
City-St-Zip: OCALA, FL 34471

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MELVIN M SEEK, MD

CPD

04/16/2010

Electronic Signature of Signing Officer or Director

Date