

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S51884** (2)

1. Corporation Name

**ORMOND DIALYSIS CLINIC, INC.**



Principal Place of Business

Mailing Address

**401 LAKEBRIDGE PLAZA DRIVE  
ORMOND BEACH FL 32174**

**401 LAKEBRIDGE PLAZA DRIVE  
ORMOND BEACH FL 32174**

3. Date Incorporated or Qualified

**05/13/1991**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

**59-3069822**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PURANDARE, VINAYAK V  
401 LAKEBRIDGE PLAZA DRIVE  
ORMOND BEACH FL 32174**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Vinayak V. Purandare, MD* **VINAYAK V. PURANDARE, MD**

**2/26/96**  
DATE

Signature of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PURANDARE, VINAYAK V</b>	
STREET ADDRESS	<b>401 LAKEBRIDGE PLAZA DR</b>	
CITY - ST - ZIP	<b>ORMOND BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CASSIDY, WILLIAM J III</b>	
STREET ADDRESS	<b>630 RIVER KNOLL</b>	
CITY - ST - ZIP	<b>MACON GA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DASGUPTA, GAUTAM</b>	
STREET ADDRESS	<b>195 RENFREW DR</b>	
CITY - ST - ZIP	<b>ATHEN GA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Vinayak V. Purandare, MD* **VINAYAK V. PURANDARE, MD**

**2/26/96**  
Date

**904-677-9313**  
Daytime Phone #

CR2E034 (12/95)