

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S51884**

1. Entity Name
ORMOND DIALYSIS CLINIC, INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90124 033 ***550.00

Principal Place of Business
401 LAKEBRIDGE PLAZA DRIVE
ORMOND BEACH FL 32174

Mailing Address
401 LAKEBRIDGE PLAZA DRIVE
ORMOND BEACH FL 32174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3069822**

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

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

Name

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

City

FL

Zip Code

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.

SIGNATURE *William J. Cassidy*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/00

Date

904-672-8595

Daytime Phone #

CR2E034 (5/00)