

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S51884****1. Entity Name**
ORMOND DIALYSIS CLINIC, INC.**FILED**
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90002 026 ***150.00

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

Zip

Country

Zip

Country

4. FEI Number **59-3069822**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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**

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. "Election Campaign Financing"** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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:****VINAYAK V. PURANDARE, MD** **2/19/01** **904-672-8595**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)