

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2002 8:00 am**  
**Secretary of State**

08-14-2002 90026 030 \*\*\*550.00

**DOCUMENT # S51884**

1. Entity Name  
**ORMOND DIALYSIS CLINIC, INC.**

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

**P.O. Box 18067**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Macon, GA**

4. FEI Number **59-3069822**

Applied For

Not Applicable

Zip

Country

Zip

Country

**31209-8067**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Vinayak V. Purandare* (VINAYAK V. PURANDARE, MD)

(NOTE: Registered Agent signature required when reinstating)

DATE

**8/9/02**

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, 2002 Fee 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** ☐ Delete  
NAME **PURANDARE, VINAYAK V**  
STREET ADDRESS **401 LAKEBRIDGE PLAZA DR**  
CITY-ST-ZIP **ORMOND BCH FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CASSIDY, WILLIAM J III**  
STREET ADDRESS **630 RIVER KNOLL**  
CITY-ST-ZIP **MACON GA**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **DASGUPTA, GAUTAM**  
STREET ADDRESS **195 RENFREW DR**  
CITY-ST-ZIP **ATHEN GA**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

**8/9/02**

Date

Daytime Phone #

CR2E034 (4/02)