

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # S51884

1. Entity Name

ORMOND DIALYSIS CLINIC, INC.



Principal Place of Business

401 LAKEBRIDGE PLAZA DRIVE
ORMOND BEACH FL 32174

Mailing Address

P.O. BOX 18067
MACON GA 31209-8067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3069822

Applied For

Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. 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	155 RIVER KNOLL	
CITY - ST - ZIP	MACON GA 31211	
TITLE	D	<input type="checkbox"/> Delete
NAME	DASGUPTA, GAUTAM	
STREET ADDRESS	195 RENFREW DR	
CITY - ST - ZIP	ATHENS GA 30606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY - ST - ZIP		

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03/25/05-80034-023 150.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Vinayak V. Purandare, MD VINAYAK V. PURANDARE, MD 3/21/05 386-672-8595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #