

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 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



02062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

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IN THIS SPACE**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000457581
03/12/06-80010-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PURANDARE, VINAYAK V
STREET ADDRESS	401 LAKEBRIDGE PLAZA DR
CITY-ST-ZIP	ORMOND BCH, FL
TITLE	D
NAME	CASSIDY, WILLIAM J III
STREET ADDRESS	155 RIVER KNOLL
CITY-ST-ZIP	MACON, GA 31211
TITLE	D
NAME	DASGUPTA, GAUTAM
STREET ADDRESS	195 RENFREW DR
CITY-ST-ZIP	ATHENS, GA 30606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Purandare Vinayak V. Purandare, MD 2/12/06 386-672-8595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #