

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 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**

DO NOT WRITE IN THIS SPACE



02052007 No Chg-P CR2E034 (11/05)

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**

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

**U00000643606
03/02/07-80009-001 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PURANDARE, VINAYAK V
401 LAKEBRIDGE PLAZA DR
ORMOND BCH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CASSIDY, WILLIAM J III
155 RIVER KNOLL
MACON, GA 31211**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DASGUPTA, GAUTAM
195 RENFREW DR
ATHENS, GA 30606**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

VINAYAK V. PURANDARE

2/7/07

Date

386-672-8595

Daytime Phone #