


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90025 024 ***150.00

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 - No P.O. Box #		3. Mailing Address P.O. Box 7496			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Macon, GA			
Zip	Country	Zip 31209	Country USA	4. FEI Number 59-3069822	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PURANDARE, VINAYAK V 401 LAKEBRIDGE PLAZA DRIVE ORMOND BEACH, FL 32174			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-instating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURANDARE, VINAYAK V 401 LAKEBRIDGE PLAZA DR ORMOND BCH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSIDY, WILLIAM J III 155 RIVER KNOLL MACON, GA 31211	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DASGUPTA, GAUTAM 195 RENFREW DR ATHENS, GA 30606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Purandare</u> 2/1/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					