2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2010
Secretary of State

DOCUMENT# S51884

Entity Name: ORMOND DIALYSIS CLINIC, INC.

Current Principal Place of Business:

401 LAKEBRIDGE PLAZA DRIVE
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7496
MACON, GA 31209

New Mailing Address:

FEI Number: 59-3069822 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D
Name: PURANDARE, VINAYAK V
Address: 401 LAKEBRIDGE PLAZA DR
City-St-Zip: ORMOND BCH, FL

Title: D
Name: CASSIDY, WILLIAM J III
Address: 155 RIVER KNOLL
City-St-Zip: MACON, GA 31211

Title: D
Name: DASGUPTA, GAUTAM
Address: 195 RENFREW DR
City-St-Zip: ATHENS, GA 30606

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: W J CASSIDY III SEC 02/02/2010

Electronic Signature of Signing Officer or Director Date