


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90055 036 ***150.00

DOCUMENT # F03000004052					
1. Entity Name PHYSICIANS RENAL CARE, INC.					
Principal Place of Business 3971 LINGLESTOWN ROAD HARRISBURG, PA 17110			Mailing Address 3971 LINGLESTOWN ROAD HARRISBURG, PA 17110		
2. Principal Place of Business 3405 NORTH FRONT STREET		3. Mailing Address 3405 NORTH FRONT STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HARRISBURG, PA		City & State HARRISBURG, PA		4. FEI Number 54-2109728	
Zip 17110		Country USA		Applied For Not Applicable	
Zip 17110		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LARKIN, WILLIAM S 1627 CANAL COURT TAVARES, FL 32778			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	C CUMMINGS, CARY III MD 3971 LINGLESTOWN ROAD HARRISBURG, PA 17110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3405 NORTH FRONT STREET HARRISBURG, PA 17110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LENKER, STEPHEN R 3971 LINGLESTOWN ROAD HARRISBURG, PA 17110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3405 NORTH FRONT STREET HARRISBURG, PA 17110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: x <i>Cary Cummings</i>		Date: 3/29/05		Daytime Phone #: 717 901-6522	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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