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**Apr 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 511267 (7)
1. Corporation Name
PLANTATION ARTIFICIAL KIDNEY CENTER, INC.

Principal Place of Business: 7061 CYPRESS RD, 103, PLANTATION FL 33317, US
Mailing Address: TWO S UNIVERSITY DR, 110, PLANTATION FL 33324-3305, US



2. Principal Place of Business: Suite, Apt. #, etc. [Redacted]
22. City & State: [Redacted]
23. Zip: [Redacted] Country: [Redacted]
24. Zip: [Redacted] 25. Country: [Redacted]
26. Mailing Address: 1185 Oak Street
27. Suite, Apt. #, etc.: ATTN: Legal Department
28. City & State: Lakewood, CO
29. Zip: 80215 30. Country: USA

3. Date Incorporated or Qualified: 08/26/1976
3a. Date of Last Report: 02/20/1996
4. FEI Number: 59-1802108
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**BURRIER, VICKI
TWO S UNIVERSITY DRIVE #110
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
B1 Name: CT Corporation System
B2 Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road
B3
B4 City: Plantation FL B5 Zip Code: 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE: *Marcia J. Sunahara*, Marcia J. Sunahara, Asst. V.P. 4-17-97
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	REISS, SAUL	
STREET ADDRESS	280 S. BEVERLY DR.	
CITY-ST-ZIP	BEVERLY HILLS CA	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BURRIER, VICKI	
STREET ADDRESS	TWO S UNIVERSITY DRIVE #110	
CITY-ST-ZIP	PLANTATION FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SPIRO, LAWRENCE	
STREET ADDRESS	TWO SOUTH UNIVERSITY DRIVE #110	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D / P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lawrence J. Centella	
1.3 STREET ADDRESS	8420 W. Bryn Mawr, #880	
1.4 CITY-ST-ZIP	Chicago, IL 60631	
2.1 TITLE	D / VP / T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Herbert S. Lawson	
2.3 STREET ADDRESS	1185 Oak Street	
2.4 CITY-ST-ZIP	Lakewood, CO 80215	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	D / VP / S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ralph Z. Levy, Jr.	
3.3 STREET ADDRESS	1919 Charlotte Avenue	
3.4 CITY-ST-ZIP	Nashville, TN 37203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Nancy A. Walla	
4.3 STREET ADDRESS	1185 Oak Street	
4.4 CITY-ST-ZIP	Lakewood, CO 80215	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nancy A. Walla* Nancy A. Walla 11 March 1997 (303) 205-2588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)