FILE NOW: FILING FEE IS \$61.25  NONPROFIT CORPORATION ANNUAL REPORT 19963.4-96  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State CORPORATIONS						
DOCUM 1. Corporation N CENTRA	IENT # 726583 L FLORIDA KIDNEY CENT					
Principal Place o	of Business	Mailing Address		I (SEIN) III (SEIN) (SEIN ANNI SEIN SEIN SEIN SEIN SEIN SEIN SEIN S		
105 BONNIE LOCH COURT 105 BONNIE LOCH COURT ORLANDO FL 32906-2990 ORLANDO FL 32906-2990						
	•••				3. Date Incorporated or Qualified 06/01/1973	3a. Date of Last Report 04/03/1995
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number 59-1485025	Applied For Not Applica
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip	Country 25	Zip Country 29 30			This corporation has liability for it     Florida Statutes	ntangible tax under s. 199.032, Yes 🗓 No
24	9. Name and Address of Currer	11			10. Name and Address of New Ro	egistered Agent
			81	Name		
				Street A	ddress (P.O. Box Number is Not Acceptable	e)
600 COURTLAND STREET			83	<del></del>		
SUITE 300						
ORLANDO	O FL 32804		84	City		FL 85 Zip Code
or registere familiar with SIGNATUBE	ad agent, or both, in the State of Flor h, and accept the obligations of, Sec	tion 617.0503, Florida Statutes.	ille cork	JOI AUGITS E	poration submits this statement for the pur loard of directors. I hereby accept the appo- guired when reinstating)	pose of changing its registered bintment as registered agent. I a
12.	Signature, typed or printed name of registered ager OFFICERS AN	IT and title if applicable. INC. I.E. Neg	13.	59 2.55 100	ADDITIONS/CHANGES 10 OFF	ICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		Secretary	Change Add
NAME	KELLY, KERRY M.		1 2 NAME	L.	Robert Scott	
STREET ADDRESS	918 OSCEOLA AVE				801 Johns Road	3 280 <b>3</b>
CITY-S1-ZIP	ORLANDO, FL 00000	The state		ST-ZIP	apopka, Fl.	Change Add
TITLE	CEO	DELETE	2.1 TITLE 2.2 NAME	ļ	Director G. Thomas Ball	
NAME	MICHAEL, MAUREEN 105 BONNIE LOCH COURT			T ADDRESS	P.O. BOO 112	
STREET ADDRESS						

CR2E037 (12/95) Addition 2803 Addition 2. 4 C-TY-ST-ZIP ORlando ORLANDO, FL 00000 CITY - ST - ZIP Addition Change DELETE Director 3 1 TO LE TITLE Shane Coldren FREEMAN, M.C., OSCAR 3.2 NAME NAME 200 S. orange ave. 3.3 STREET ADDRESS 2164 COUNTRY SIDE CIR N STREET ADDRESS oplando 32802 ORLANDO, FL 00000 34. CITY - ST - ZIP CITY-ST-ZIP Addition Director DELETE 4.1 TIFLE VΡ TITLE Richard Crotty 2005. Orange ave. suite 1700 Orlando, F1 32801 SIMASEK, REGIS 4. 2 NAME NAME 4.3 STREET ADDRESS 601 FERNCREEK AVE STREET ADDRESS ORLANDO FL 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE Director 51 TITLE TITLE D John m. Nabers P.O. BOX 6 5.2 NAME **EIDSON, ANN** NAME 2807 EDWATER DRIVE 5.3 STREET ADORESS STREET ADDRESS winder nere Fl 32786 ORLANDO FL 5.4 C-TY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 61 TITLE TITLE 6.2 NAME HEINE, JO ANN NAME **570 IVANHOE PLAZA** 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP ORLANDO FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIMECTOR
Maureen Michael, C.E.O.

(407) 843-6110