


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90076 047 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 833175

1. Corporation Name

AMERICAN ASSOCIATION OF KIDNEY PATIENTS, INC.

Principal Place of Business

100 S. ASHLEY DRIVE
#280
TAMPA FL 33602

Mailing Address

100 S. ASHLEY DRIVE
#280
TAMPA FL 33602



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/14/1974	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		11-2306416	
24 Country		29 Country		30 Country	
25		29		30	

Applied For
Not Applicable

\$8.75 Additional Fee Required

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ROBINSON, KRIS
100 S. ASHLEY DRIVE
#280
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Kris Robinson
Signature, typed or printed name of registered agent and title if applicable.

Kris Robinson Executive Director

DATE

4/5/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, JOSEPH W	1.2 NAME	
STREET ADDRESS	245 NORMAN DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	RAMSEY NJ	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, MARC E	2.2 NAME	
STREET ADDRESS	3908 W CORONA ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, SHARON	3.2 NAME	
STREET ADDRESS	1800 OLD MEADOW RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA 22102	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THURSTON, ALICE M	4.2 NAME	
STREET ADDRESS	4700 CONNECTICUT AVE. N.W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20008	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DAVID	5.2 NAME	
STREET ADDRESS	280 LORRAINE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ELYN IL 60137	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

M. J. [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99
Date

813-223-7099
Daytime Phone #

CR2E037 (1/98)