

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -7 AM 11:31

DOCUMENT # **H83223** (8)
1. Corporation Name
CENTRAL BROWARD ACUTE DIALYSIS ASSOCIATES, INC.

Principal Place of Business Mailing Address
C/O IRA L LAZAR, MD 2312 NE 53RD ST FT LAUDERDALE FL 33308
C/O IRA L LAZAR, MD 2312 NE 53RD ST FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/30/1985		3a. Date of Last Report 03/30/1994	
4. FEI Number 59-2601577		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 2312 N.E. 53rd Street		2a. Mailing Address 26 6104 N.W. 24th ST.	
22 Suite, Apt. #, etc. -		27 Suite, Apt. #, etc. -	
23 City & State FT. LAUDERDALE, FL.		28 City & State BOCA RATON, FL.	
24 Zip 33308	25 Country BROWARD	29 Zip 33434	30 Country PALM BEACH

9. Name and Address of Current Registered Agent LAZAR, IRA L, MD 2312 NE 53RD ST FT LAUDERDALE FL 33308		10. Name and Address of New Registered Agent 81 Name ASHWIN PATEL 82 Street Address (P.O. Box Number is Not Accepted) 6104 N.W. 24th STREET 83 - 84 City BOCA RATON FL 85 Zip Code 33434	
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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: Ashwin Patel DATE: **4/3/95**
Signatures typed as printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME LAZAR, IRA L, MD	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2312 NE 53RD ST	CITY - ST - ZIP FT LAUDERDALE FL	1.2 NAME RESIGNED.	
TITLE D	NAME ANICAMA, HUMBERTO J., MD	1.3 STREET ADDRESS	
STREET ADDRESS 6260 N. FEDERAL HWY	CITY - ST - ZIP FT. LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE S	NAME ASHWIN, PATEL	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6264 N. FEDERAL HWY	CITY - ST - ZIP FT. LAUDERDALE FL	2.2 NAME RESIGNED.	
TITLE S	NAME ASHWIN, PATEL	2.3 STREET ADDRESS	
STREET ADDRESS 6264 N. FEDERAL HWY	CITY - ST - ZIP FT. LAUDERDALE FL	2.4 CITY - ST - ZIP	
TITLE S	NAME ASHWIN, PATEL	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	PRESIDENT/SECRETARY.
STREET ADDRESS 6264 N. FEDERAL HWY	CITY - ST - ZIP FT. LAUDERDALE FL	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	6.4 CITY - ST - ZIP	

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 110.07(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 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: Ashwin Patel DATE: **4/3/95** (305)-772-6116
Signature of Signing Officer or Director