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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H83223** (8)

1. Corporation Name

CENTRAL BROWARD ACUTE DIALYSIS ASSOCIATES, INC.



Principal Place of Business

2312 N.E. 53RD STREET
2312 NE 53RD ST
FT LAUDERDALE FL 33308
US

Mailing Address

6104 N.W. 24TH ST.
2312 NE 53RD ST
BOCA RATON FL 33434
US

3. Date Incorporated or Qualified
10/30/1985

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2601577

Applied For
Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATEL, ASHWIN
6104 N.W. 24TH STREET
BOCA RATON FL 33434

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 607.0500 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 607.0500, Florida Statutes.

SIGNATURE

Signature of the person who will act as the agent

Signature of the Registered Agent, or a qualified alternate registered

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PS

DELETE

1. TITLE

Change Addition

NAME

ASHWIN, PATEL
6264 N. FEDERAL HWY
FT. LAUDERDALE FL

2. NAME

STREET ADDRESS

13. STREET ADDRESS

CITY - ST - ZIP

14. CITY - ST - ZIP

TITLE

DELETE

2. TITLE

Change Addition

NAME

22. NAME

STREET ADDRESS

23. STREET ADDRESS

CITY - ST - ZIP

24. CITY - ST - ZIP

TITLE

DELETE

3. TITLE

Change Addition

NAME

32. NAME

STREET ADDRESS

33. STREET ADDRESS

CITY - ST - ZIP

34. CITY - ST - ZIP

TITLE

DELETE

4. TITLE

Change Addition

NAME

42. NAME

STREET ADDRESS

43. STREET ADDRESS

CITY - ST - ZIP

44. CITY - ST - ZIP

TITLE

DELETE

5. TITLE

Change Addition

NAME

52. NAME

STREET ADDRESS

53. STREET ADDRESS

CITY - ST - ZIP

54. CITY - ST - ZIP

TITLE

DELETE

6. TITLE

Change Addition

NAME

62. NAME

STREET ADDRESS

63. STREET ADDRESS

CITY - ST - ZIP

64. 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 119 C(7)(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 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96

(305)-772-6116
Daytime Phone #

CR2E034 (12/95)