FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -3 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H83981 (1)

1. Corporation Name
CENTER FOR KIDNEY DISEASE, INC.

Principal Place of Business
C/O FLORIDA REGISTERED AGENTS, INC.
100 SE 2ND ST. 36TH FL
MIAMI FL 33131
US

Mailing Address
C/O FLORIDA REGISTERED AGENTS, INC.
100 SE 2ND ST. 36TH FL
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: 1190 NW 95 ST	2a. Mailing Address: c/o George R. Richards, P.A. 701 Brickell Ave
Suite, Apt. #, etc.: # 208	Suite, Apt. #, etc.: Suite 1200
City & State: MIAMI, FL	City & State: Miami, FL
Zip: 33150 Country: DADE	Zip: 33131 Country: U.S.A.

3. Date Incorporated or Qualified: 11/01/1985
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2787477 ☐ 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

FLORIDA REGISTERED AGENTS INC
100 SW 2 ST #3600
MIAMI FL 33131

10. Name and Address of New Registered Agent

Name: George R. Richards, P.A.
Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Ave
Suite 1200
City: Miami FL Zip Code: 33131

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: George R. Richards, P.A. 1/30/95 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ Change ☐ Addition
NAME	RUTECKI, GERALD J.	
STREET ADDRESS	1190 N.W. 95TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	☐ Change ☐ Addition
NAME	MORDUJOVICH, JORGE B	
STREET ADDRESS	1190 NW 95TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	☐ Change ☐ Addition
NAME	PRESSER, JORGE I	
STREET ADDRESS	1190 NW 95TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	☐ Change ☐ Addition
NAME	FRANKFURT, SEYMOUR J	
STREET ADDRESS	1190 NW 95TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I 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)(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: Jorge I. Presser 2/28/95 305-651-2233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0137778 CP