

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N40710 (8)**

1. Corporation Name  
**THE DIABETIC ORGAN TRANSPLANT NETWORK, INC.**



Principal Place of Business Mailing Address  
**C/O DOROTHY L. SCHNEIDER**  
562 S.W. EYERLY AVENUE  
PORT ST. LUCIE FL 34983

3. Date Incorporated or Qualified **11/07/1990** 3a. Date of Last Report **04/19/1995**  
4. FEI Number **65-0279769** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**KELLEY, JEAN F.**  
562 S. W. EYERLY AVENUE  
PORT ST. LUCIE 34983  
10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPT</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del><b>SCHNEIDER, DOROTHY L.</b></del>	1.2 NAME	
STREET ADDRESS	<del><b>235 RIDGEPOINT ROAD</b></del>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<del><b>COLUMBIA SC</b></del>	1.4 CITY - ST - ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, CANDACE L.</b>	2.2 NAME	<b>WILSON, CANDACE L.</b>
STREET ADDRESS	<b>2315 SW 22ND AVE., APT. 104</b>	2.3 STREET ADDRESS	<b>2315 SW 22ND AVE., APT. 104</b>
CITY - ST - ZIP	<b>DELRAY BEACH FL</b>	2.4 CITY - ST - ZIP	<b>DELRAY BEACH, FL</b>
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLEY, JEAN F.</b>	3.2 NAME	<b>KELLEY, JEAN F.</b>
STREET ADDRESS	<b>562 SW EVERLY AVE.</b>	3.3 STREET ADDRESS	<b>562 SW EYERLY AVE.</b>
CITY - ST - ZIP	<b>PT. ST. LUCIE FL</b>	3.4 CITY - ST - ZIP	<b>PORT ST. LUCIE, FL</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>DVS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>LANDGREN, GREGG</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>5191 TENNIS LANE</b>
CITY - ST - ZIP		4.4 CITY - ST - ZIP	<b>DELRAY BEACH, FL</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>DT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>BELCHER, THOMAS</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>8318 SUN UP TRAIL</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>BOYNTON BEACH, FL</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 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 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 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.

SIGNATURE: *Jean F. Kelley* 4-20-1996 407 879-0368  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)