

FILE NOW: FILING FEE IS \$61.25

FILED
May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N40710 (8)
 T. Corporation Name
THE DIABETIC ORGAN TRANSPLANT NETWORK, INC.



Principal Place of Business: **562 SW EYERLY AVENUE, PORT ST. LUCIE FL 34983 US**
 Mailing Address: **562 S.W. EYERLY AVENUE, PORT ST. LUCIE FL 34983-2944 US**

3. Date Incorporated or Qualified: **11/07/1990**
 3a. Date of Last Report: **04/26/1996**
 4. FEI Number: **65-0279769**
 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 (21-24) and 2a. Mailing Address (26-30) fields with sub-sections for Suite, Apt. #, City & State, Zip, and 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 (81-85) fields for Name, Street Address, City, and 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSON, CANDACE L.	
STREET ADDRESS	2315 SW 22ND AVE., APT. 104	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KELLEY, JEAN F.	
STREET ADDRESS	562 SW EVERLY AVE.	
CITY-ST-ZIP	PT. ST. LUCIE FL	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	LANDGREN, GREGG	
STREET ADDRESS	5191 TENNIS LANE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BELCHER, THOMAS	
STREET ADDRESS	8318 SUN UP TRAIL	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BRAZEAU, CAROL	
STREET ADDRESS	1190 SACHEM	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAGID, ADRIENNE	
STREET ADDRESS	7135 WOODMONT WAY	
CITY-ST-ZIP	TAMARAC FL 33321	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DP KELLEY, JEAN F.
2.3 STREET ADDRESS	562 SW EYERLY AVE.
2.4 CITY-ST-ZIP	PT. ST. LUCIE FL 34983
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DS DEMBEK, RHONDA
3.3 STREET ADDRESS	3407 IRONWOOD AVE.
3.4 CITY-ST-ZIP	PT. ST. LUCIE FL 34952
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DV BRAZEAU, CAROL
5.3 STREET ADDRESS	1190 SACHEM
5.4 CITY-ST-ZIP	WELLINGTON FL 33414
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D MAGID, ADRIENNE
6.3 STREET ADDRESS	7135 WOODMONT WAY
6.4 CITY-ST-ZIP	TAMARAC FL 33321

14. I do 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.

JEAN F. KELLEY

CR2E037 (9/96)