

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

**FILED**  
**Apr 29 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N40710 (8)**

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

Principal Place of Business <b>962 SW EYERLY AVENUE                  PORT ST. LUCIE FL 34963                  US</b>	Mailing Address <b>562 S.W. EYERLY AVENUE                  PORT ST. LUCIE FL 34963                  US</b>
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3. Date Incorporated or Qualified <b>11/07/1990</b>
4. FEI Number <b>65-0279769</b>
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Sulte, Apt. #, etc.	26 Sulte, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

**KELLEY, JEAN F.  
 562 S. W. EYERLY AVENUE  
 PORT ST. LUCIE 34963**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>WILSON, CANDACE L.</b>	
STREET ADDRESS	<b>2315 SW 22ND AVE., APT. 104</b>	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>KELLEY, JEAN F.</b>	
STREET ADDRESS	<b>562 SW EYERLY AVE.</b>	
CITY-ST-ZIP	<b>PT. ST. LUCIE FL</b>	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	<b>DEMBREK, RHONDA</b>	
STREET ADDRESS	<b>3407 IRONWOOD AVE</b>	
CITY-ST-ZIP	<b>PT ST LUCIE FL</b>	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	<b>BELCHER, THOMAS</b>	
STREET ADDRESS	<b>8318 SUN UP TRAIL</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	<b>BRAZEAU, CAROL</b>	
STREET ADDRESS	<b>1190 SACHEM</b>	
CITY-ST-ZIP	<b>WELLINGTON FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>MAGID, ADRIENNE</b>	
STREET ADDRESS	<b>7135 WOODMONT WAY</b>	
CITY-ST-ZIP	<b>TAMARAC FL</b>	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *Jean F. Kelley* **JEAN F KELLEY 3/17/98 51-1-879-0318**

CR2E037 (10/97)