


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

**FILED**  
**May 20 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 # N24592 (0)**

1. Corporation Name  
**KIDNEY ASSOCIATION OF THE TREASURE COAST, INC.**



Principal Place of Business <b>1801 HILLMOOR DR., STE. C110 PT ST LUCIE FL 34952-4551</b>	Mailing Address <b>P.O. BOX 2594 JENSEN BEACH FL 34958 US</b>
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3. Date Incorporated or Qualified  
**01/29/1988**

4. FEI Number  
**59-2933819**

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

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

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**GLICKMAN, JEFFREY L.  
 1801 SE HILLMOOR DRIVE  
 SUITE C110  
 PORT ST. LUCIE FL 34952**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATRICIA A. WAHL</b>	1.2 NAME	
STREET ADDRESS	<b>268 SE CROSSPOINT DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT ST LUCIE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLICKMAN, JEFFREY M.D.</b>	2.2 NAME	
STREET ADDRESS	<b>500 OSCEOLA</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLADYS PATRICK</b>	3.2 NAME	
STREET ADDRESS	<b>599 SW BOUY AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT ST LUCIE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORINNE KIRBY</b>	4.2 NAME	
STREET ADDRESS	<b>505 NE BAYBERRY LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JENSEN BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOSEPH P. DONAHUE</b>	5.2 NAME	
STREET ADDRESS	<b>3500 S KANNER HWY #59</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HESS, DOROTHY</b>	6.2 NAME	
STREET ADDRESS	<b>1972 S.W. MORELIZ LANE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL 34953</b>	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 *Jeffrey L. Glickman* *Dorothy Hess* *Patricia A. Wahl* *Joseph P. Donahue* *Glady's Patrick* *Corinne Kirby* *Stuart FL*

CP2E037 (10/97)