


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90016 021 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 749334					
1. Corporation Name THE KIDNEY FOUNDATION OF SOUTH FLORIDA, INC.					
Principal Place of Business 2561 CORAL WAY SUITE 401 MIAMI FL 33415 US			Mailing Address 2561 CORAL WAY SUITE 401 MIAMI FL 33145 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	2561 Coral Way	26		10/16/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	(NO SUITE #)	27		59-1998522	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CUMMINGS, JENNIFER 2561 CORAL WAY SUITE 401 MIAMI FL 33145				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	No SUITE #		
				84	City	FL	85

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	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRES PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAYER, ROBERT			1.2 NAME	ORTIZ-BUTCHER, CARMEN		
STREET ADDRESS	2474 SW 27TH TERRACE			1.3 STREET ADDRESS	6305 CABALLERO BLVD		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	CORAL GABLES, FL 33146		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRIFFIN, ANN			2.2 NAME			
STREET ADDRESS	1601 NW 8TH AVE			2.3 STREET ADDRESS	1847 SW 24 AVENUE		
CITY-ST-ZIP	MIAMI FL 33136			2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33312		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUCAS, HOWARD			3.2 NAME			
STREET ADDRESS	2121 PONCE DE LEON BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			3.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SECRETARY SD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORTIZ-BUTCHER, CARMEN			4.2 NAME	MOORMAN, ROBERT		
STREET ADDRESS	6305 CABALLERO BLVD			4.3 STREET ADDRESS	915 E. LAS OLAS BLVD.		
CITY-ST-ZIP	CORAL GABLES FL 33146			4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)