


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **506489** (4)
1. Corporation Name
DIALYSIS CORPORATION OF AMERICA

Principal Place of Business 2337 W 76TH ST HIALEAH FL 33016 US	Mailing Address 2337 W 76 ST HIALEAH FL 33016 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/02/1976	
4. FEI Number 59-1757642		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent OUZTS, DANIEL R. 2337 W 76 ST HIALEAH FL 33016		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	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	V	1.1 TITLE	
NAME	OUZTS, DANIEL R.	1.2 NAME	
STREET ADDRESS	2337 W. 76TH ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	PD
NAME	PELSTRING, BARTON L	2.2 NAME	Pelstring, Barton L.
STREET ADDRESS	601 WINDMILL RD	2.3 STREET ADDRESS	27 Miller Street
CITY - ST - ZIP	EASTON MD	2.4 CITY - ST - ZIP	Lemoyne, Pennsylvania 17043
TITLE	CEO	3.1 TITLE	
NAME	LANGBEIN, THAMAS K	3.2 NAME	
STREET ADDRESS	777 TERRACE AVE., ROOM 517	3.3 STREET ADDRESS	
CITY - ST - ZIP	HASBRACK HEIGHTS NJ	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	
NAME	JAFFE, LAWRENCE E.	4.2 NAME	
STREET ADDRESS	777 TERRACE AVE., ROOM 517	4.3 STREET ADDRESS	
CITY - ST - ZIP	HASBRACK HEIGHTS NJ	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **IGLADRE REQUIRED** *[Signature]* **UP/2/98** **(303) 558-4000**

CR2E034 (10/97)