2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 506489 Jan 21, 2000 8:00 am **Secretary of State** DIALYSIS CORPORATION OF AMERICA 01-21-2000 90083 025 ***158.75 Principal Place of Business Mailing Address 2337 W 76 ST 2337 W 76TH ST HIALEAH FL 33016-1842 HIALEAH FL 33016. 2. Principal Place of Business 3. Mailing Address 27 MILLER STREET, DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1757642 Not Applicable LEMOYNE, PA Country Country \$8.75 Additional Zip 17043 5. Certificate of Status Desired U.S. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name _ -OUZTS, DANIEL R. Street Address (P.O. Box Number is Not Acceptable) 2337 W 76 ST HIALEAH FL 33016 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) 100 100 Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. V/T ☐ Addition ☐ Delete TITLE TITLE NAME OUZTS, DANIEL R. OUZTS, DANIEL R. NAME STREET ADDRESS 2337 W. 76TH ST. 2337 W. 76th ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL HIALEAH, FL 33016 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME PELSTRING, BARTON L NAME STREET ADDRESS STREET ADDRESS 27 MILLER ST .SUITE 2 CITY-ST-ZIP CITY-ST-ZIP **LEMOYNE PA 17043** ☐ Change ☐ Addition CEOD ☐ Delete TITLE NAME LANGBEIN, THAMAS K NAME STREET ADDRESS STREET ADDRESS .777 TERRACE AVE., ROOM 517 --CITY-ST-ZIP CITY-ST-ZIP HASBRARCK HEIGHTS NJ X Addition ☐ Change ☐ Delete TITLE TITLE NAME JAFFE, LAWRENCE E. NAME EVERETT, STEPHEN STREET ADDRESS STREET ADDRESS 777 TERRACE AVE., ROOM 517 27 MILLER STREET, SUITE 2 CITY-ST-ZIP CITY-ST-ZIP HASBRARCK HEIGHTS NJ LEMOYNE, PA 17043 ☐ Delete X Change ☐ Addition TITLE D TITLE TRANCE, ROBERT W NAME NAME TRAUSE, ROBERT W. STREET ADDRESS STREET ADDRESS 777 TERRACE AVE. ROOM 517 777 TERRACE AVE., ROOM 517 CITY-ST-ZIP CITY-ST-ZIP HOSBRUNK NJ 07064 HASBROUCK HEIGHTS, NJ 07604 Change ☐ Addition ☐ Delete TITLE TITLE SOLLER, HUBERT I NAME NAME SOLLER, HERBERT I. STREET ADDRESS STREET ADDRESS 27 MILLER ST. SUITE 2 27 MILLER ST., SUITE 2 LEMOYNE, PA 17043 CITY-ST-ZIP CITY-ST-ZIP CEMBYNE PA 17043

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 10, 2000 (305) 558-400