

2006 FOR PROFIT CORPORATION ANNUAL REPORT


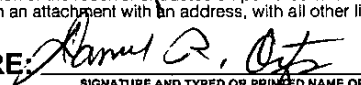
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Jan 27, 2006 8:00 am
Secretary of State

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01182006 Chg-P CR2E034 (11/05)

DOCUMENT # 506489					
1. Entity 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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1757642	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OUZTS, DANIEL R. 2337 W 76 ST HIALEAH, FL 33016			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 *		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OUZTS, DANIEL R.		NAME		
STREET ADDRESS	2337 W. 76TH ST.		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33016		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANGBEIN, THOMAS K		NAME		
STREET ADDRESS	777 TERRACE AVE., ROOM 517		STREET ADDRESS		
CITY-ST-ZIP	HASBROUCK HEIGHTS, NJ 07604		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAFFE, LAWRENCE E.		NAME		
STREET ADDRESS	777 TERRACE AVE., ROOM 517		STREET ADDRESS		
CITY-ST-ZIP	HASBROUCK HEIGHTS, NJ 07604		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRAUSE, ROBERT W		NAME		
STREET ADDRESS	777 TERRACE AVE. ROOM 517		STREET ADDRESS		
CITY-ST-ZIP	HASBROUCK HEIGHTS, NJ 07604		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVERETT, STEPHEN		NAME		
STREET ADDRESS	1302 CONCOURSE DRIVE, SUITE 204		STREET ADDRESS		
CITY-ST-ZIP	LINTHICUM HEIGHTS, MD 21090		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	V ROWE, MICHAEL	
STREET ADDRESS			STREET ADDRESS	1302 CONCOURSE DRIVE, SUITE 204	
CITY-ST-ZIP			CITY-ST-ZIP	LINTHICUM, MD 21090	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Daniel R. Ouzts, Vice Pres/Treas 1/19/2006 (305) 558-4000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

*See attached addition to officers and directors listings.

ATTACHMENT 60007045
#506489

Dialysis Corporation of America
2006 For Profit Corporation Annual Report
Federal E. I. Number 59-1757642
Additions/Changes to Officers and Directors

11.ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN BLOCK 10.

Title	D	Change	X Addition
Name	Bienenstock, Alex		
Street Address	766 West Broadway		
City-State-Zip	Woodmere, NY 11598		

Title	D	Change	X Addition
Name	Fischbein, Peter D.		
Street Address	777 Terrace Ave., Room 517		
City-State-Zip	Hasbrouck Heights, NJ 07604		

Title	V	Change	X Addition
Name	Zimmerman, Joanne		
Street Address	27 Miller Street, Suite 2		
City-State-Zip	Lemoyne, PA 17043		

Title	V	Change	X Addition
Name	Magaro, Tammy		
Street Address	27 Miller Street, Suite 2		
City-State-Zip	Lemoyne, PA 17043		