


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

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 511267 (7) 1. Corporation Name PLANTATION ARTIFICIAL KIDNEY CENTER, INC.			
Principal Place of Business 7061 CYPRESS RD 103 PLANTATION FL 33317 US		Mailing Address TWO S UNIVERSITY DR 110 PLANTATION FL 33324-3305 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address 26. 1185 Oak Street Suite, Apt. #, etc. 27. ATTN: Legal Department City & State 28. Lakewood, CO Zip 29. 80215 Country 30. USA	
3. Date Incorporated or Qualified 08/26/1976		3a. Date of Last Report 02/20/1996	
4. FEI Number 59-1802108		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent BURRIER, VICKI TWO S UNIVERSITY DRIVE #110 PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name CT Corporation System 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road 83 84 City Plantation FL 85 Zip Code 33324	
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: <i>Marcia J. Sunahara</i> , Marcia J. Sunahara, Asst. V.P. 4-17-97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REISS, SAUL 280 S.BEVERLY DR. BEVERLY HILLS CA <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D / P Lawrence J. Centella 8420 W. Bryn Mawr, #880 Chicago, IL 60631 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURRIER, VICKI TWO S UNIVERSITY DRIVE #110 PLANTATION FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D / VP/ T Herbert S. Lawson 1185 Oak Street Lakewood, CO 80215 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPIRO, LAWRENCE TWO SOUTH UNIVERSITY DRIVE #110 PLANTATION FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D / VP/ S Ralph Z. Levy, Jr. 1919 Charlotte Avenue Nashville, TN 37203 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	AS Nancy A. Walla 1185 Oak Street Lakewood, CO 80215 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do 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: <i>Nancy A. Walla</i>		Nancy A. Walla 11 March 1997 (303) 205-2588	



CR2E034 (9/96)