FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725708 (2)

1. Corporation Name

PALM BEACH COUNTY KIDNEY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
321 NORTHLAKE BLVD. SUITE 209 NORTH PALM BEACH FL 33408-5411	321 NORTHLAKE BLVD. SUITE 209 NORTH PALM BEACH FL 33408-5411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1973
3a. Date of Last Report: 03/30/1994
4. FEI Number: 59-1702580 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HOSIER, JEVNE H
321 NORTHLAKE BLVD. SUITE #209
N. PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (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	~~P~~	11 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	DECTER, VIVIAN	12 NAME		
STREET ADDRESS	3003 S CONGRESS AVE, #1B	13 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL	14 CITY-ST-ZIP		
TITLE	~~S~~	21 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	MICHAEL, HENRY W.	22 NAME		
STREET ADDRESS	5602 LEITER DR EAST	23 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPGS FL	24 CITY-ST-ZIP		
TITLE	~~D~~	31 TITLE	VP	☐ Change ☑ Addition
NAME	~~MART, MRS. BERNARD~~	32 NAME	GARRY M. GLICKMAN, ESQ	
STREET ADDRESS	~~4006 EXECER ESTATES LANE~~	33 STREET ADDRESS	1601 FORUM PLACE	
CITY-ST-ZIP	~~LAKE WORTH FL~~	34 CITY-ST-ZIP	W.P. BEACH FL 33401	
TITLE	T	41 TITLE	T	☐ Change ☑ Addition
NAME	~~NORMAN, CHARLES~~	42 NAME	MIMI STEIN	
STREET ADDRESS	~~0 FENWICH PLACE~~	43 STREET ADDRESS	800 N. OLIVE	
CITY-ST-ZIP	~~BOYNTON BEACH FL~~	44 CITY-ST-ZIP	W.P. BEACH FL 33401	
TITLE	~~D~~	51 TITLE	SECRETARY	☐ Change ☑ Addition
NAME	~~DEITCH, BELLE M.~~	52 NAME	NINA ROMANS	
STREET ADDRESS	~~1280 SPANISH RIVER RD~~	53 STREET ADDRESS	462 CORAL COVE DRIVE	
CITY-ST-ZIP	~~BOCA RATON, FL 33432~~	54 CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	~~D~~	61 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	KWASMAN, LOIS	62 NAME		
STREET ADDRESS	4119 W. BLUE HERON BLVD	63 STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH FL	64 CITY-ST-ZIP	RESIGNED BY BWK	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Jevne H. Hosier 4/4/95 (407) 844-0579
SIGNATURE AND TYPED OR PRINTED NAME OF ENTERING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040280