

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 12 PM 12:08

DOCUMENT # **727260** (2)

1. Corporation Name

SOUTH FLORIDA ARTIFICIAL KIDNEY CENTER, INC.

Principal Place of Business

Mailing Address

7800 RED ROAD
MIAMI FL 33143
US

7800 RED ROAD ST. 11
MIAMI FL 33173
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/27/1973** 3a. Date of Last Report **06/23/1994**

4. FEI Number **59-1479657** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

21 Suits, Apt. #, etc.

26 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

22 City & State

27 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

23 Zip

Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under S. 169.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEYMOUR, THOMAS
KENNY, NACHWALTER & SEYMOUR, P.A.
400 EDWARD BALL BLDG., 100 CHOPIN PLZ.
MIAMI FL 33131**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **STONE, ROBERT**
STREET ADDRESS **8800 SW 145TH ST**
CITY - ST - ZIP **MIAMI FL**

1 1 TITLE Change Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

TITLE **ST**
NAME **ANDERSON, BETTY**
STREET ADDRESS **9330 BALADA**
CITY - ST - ZIP **CORAL GABLES FL**

2 1 TITLE Change Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

TITLE **PD**
NAME **ANDERSON, WILLIAM W**
STREET ADDRESS **9330 BALADA STREET**
CITY - ST - ZIP **CORAL GABLES FL**

3 1 TITLE Change Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4 1 TITLE Change Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6 1 TITLE Change Addition
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP

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 110.07(3)(k), 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:

William W Anderson
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/95 (305) 663-4498
DATE (Day, Month, Year) Telephone #