

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727260 (2)

1. Corporation Name

SOUTH FLORIDA ARTIFICIAL KIDNEY CENTER, INC.



Principal Place of Business

7900 RED ROAD
MIAMI FL 33143
US

Mailing Address

7900 RED ROAD ST. 11
MIAMI FL 33173
US

3. Date Incorporated or Qualified

08/27/1973

3a. Date of Last Report

04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed (Name of registered agent and title, if applicable)

(If title Registered Agent signature required when not stating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | STONE, ROBERT | |
| STREET ADDRESS | 8600 SW 145TH ST | |
| CITY-STATE-ZIP | MIAMI FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | ANDERSON, BETTY | |
| STREET ADDRESS | 9330 BALADA | |
| CITY-STATE-ZIP | CORAL GABLES FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | ANDERSON, WILLIAM W | |
| STREET ADDRESS | 9330 BALADA STREET | |
| CITY-STATE-ZIP | CORAL GABLES FL | |
| TITLE | Treasurer | <input type="checkbox"/> DELETE |
| NAME | Vann Wilder | |
| STREET ADDRESS | 4060 MATTHESON AVE | |
| CITY-STATE-ZIP | C. Grove FL 33133 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-STATE-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-STATE-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-STATE-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-STATE-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-STATE-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-STATE-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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/96

Date

(305) 663-4498

Daytime Phone #

CR2E037 (12/95)