

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 727260 (2)**  
1. Corporation Name  
**SOUTH FLORIDA ARTIFICIAL KIDNEY CENTER, INC.**



Principal Place of Business Mailing Address  
**7900 RED ROAD MIAMI FL 33143 US** **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	4. FEI Number	Applied For
21	26	<b>59-1479657</b>	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>SEYMOUR, THOMAS KENNY, NACHWALTER &amp; SEYMOUR, P.A. 400 EDWARD BALL BLDG., 100 CHOPIN PLZ. MIAMI FL 33131</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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: \_\_\_\_\_ (Print Name, Title or Printed Name of Registered Agent and Title, if applicable) (If Title Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STONE, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>8600 SW 145TH ST</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, BETTY</b>	2.2 NAME	
STREET ADDRESS	<b>9330 BALADA</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, WILLIAM W</b>	3.2 NAME	
STREET ADDRESS	<b>9330 BALADA STREET</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CORAL GABLES FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>Treasurer</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Yann Wilder</b>	4.2 NAME	
STREET ADDRESS	<b>4060 MATTHESON AVE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>C. Grove FL 33133</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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: *William W Anderson* **2/14/96** **(305) 663-4498**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Time Phone #

CR2E037 (12/95)