


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 740678 (8)</b> 1. Corporation Name <b>MELBOURNE KIDNEY CENTER, INC.</b>			
Principal Place of Business <b>1400 SOUTH APOLLO BLVD.          MELBOURNE FL 32901-3145</b>		Mailing Address <b>1400 SOUTH APOLLO BLVD.          MELBOURNE FL 32901-3145</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	
3. Date Incorporated or Qualified <b>11/01/1977</b>		3a. Date of Last Report <b>04/01/1996</b>	
4. FEI Number <b>59-1867582</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>DETTMER, DALE A.          780 S. APOLLO BLVD.          MELBOURNE FL 32901</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	CULLEN, MILDRED		
STREET ADDRESS	199 HIGHWAY A1A-#201-B		
CITY-ST-ZIP	SATELLITE BEACH FL		
TITLE	VTD	<input type="checkbox"/> DELETE	
NAME	SELF, JAMES H.		
STREET ADDRESS	474 N. HARBOR CITY BLVD.		
CITY-ST-ZIP	MELBOURNE FL		
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	KROENING, JACK		
STREET ADDRESS	2197 JULIAN AVE, NE		
CITY-ST-ZIP	PALM BAY FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	DETTMER, DALE A		
STREET ADDRESS	780 S. APOLLO BLVD.		
CITY-ST-ZIP	MELBOURNE FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	SULLIVAN, WILLIAM		
STREET ADDRESS	4742 SUDBURY DR.		
CITY-ST-ZIP	ORLANDO FL		
TITLE	CEO	<input type="checkbox"/> DELETE	
NAME	UFFERMAN, ROBERT C		
STREET ADDRESS	200 E SHERIDAN RD		
CITY-ST-ZIP	MELBOURNE FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME	MICHAEL J. FOLEY		
1.3 STREET ADDRESS	1250 CEDAR LANE		
1.4 CITY-ST-ZIP	INDIALANTIC, FL 32903		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	ROBERT MALLEY		
2.3 STREET ADDRESS	609 FRANKLYN AVE		
2.4 CITY-ST-ZIP	INDIALANTIC, FL 32903		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: _____ SIGNATURE REQUIRED _____ 2/19/97			

CR2E037 (9/96)