


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90068 045 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 740678					
1. Corporation Name MELBOURNE KIDNEY CENTER, INC.					
Principal Place of Business 1400 SOUTH APOLLO BLVD. MELBOURNE FL 32901-3145			Mailing Address 1400 SOUTH APOLLO BLVD. MELBOURNE FL 32901-3145		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/01/1977	
				4. FEI Number 59-1867582	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution	
9. Name and Address of Current Registered Agent DETTMER, DALE A. 780 S. APOLLO BLVD. MELBOURNE FL 32901			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME CULLEN, MILDRED			1.2 NAME		
STREET ADDRESS 199 HIGHWAY A1A-#201-B			1.3 STREET ADDRESS		
CITY-ST-ZIP SATELLITE BEACH FL			1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME SELF, JAMES H.			2.2 NAME		
STREET ADDRESS 474 N. HARBOR CITY BLVD.			2.3 STREET ADDRESS		
CITY-ST-ZIP MELBOURNE FL			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME KROENING, JACK			3.2 NAME		
STREET ADDRESS 2197 JULIAN AVE, NE			3.3 STREET ADDRESS		
CITY-ST-ZIP PALM BAY FL			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME DETTMER, DALE A			4.2 NAME		
STREET ADDRESS 780 S. APOLLO BLVD.			4.3 STREET ADDRESS		
CITY-ST-ZIP MELBOURNE FL			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME SULLIVAN, WILLIAM			5.2 NAME		
STREET ADDRESS 4742 SUDBURY DR.			5.3 STREET ADDRESS		
CITY-ST-ZIP ORLANDO FL			5.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME UFFERMAN, ROBERT C			6.2 NAME		
STREET ADDRESS 200 E SHERIDAN RD			6.3 STREET ADDRESS		
CITY-ST-ZIP MELBOURNE FL			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99 (407) 724-0431

Date

Daytime Phone #

CR2E037 (11/98)