
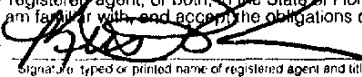
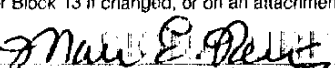


FILED

Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 833175 (3)					
1. Corporation Name AMERICAN ASSOCIATION OF KIDNEY PATIENTS, INC.					
Principal Place of Business 100 S. ASHLEY DRIVE #280 TAMPA FL 33602			Mailing Address 100 S. ASHLEY DRIVE #280 TAMPA FL 33602-5300		
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		
9. Name and Address of Current Registered Agent ROBINSON, KRIS 100 S. ASHLEY DRIVE #280 TAMPA FL 33602					
					81 Name 82 Street Address 83 84 City
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporate officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE  KRIS ROBINSON (NOTE: Registered Agent signature required)					
12. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD WHITE, JOSEPH W 245 NORMAN DRIVE RAMSEY NJ <input type="checkbox"/> DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD WASSERMAN, LYNN 950 TURQUOISE STREET NEW ORLEANS LA <input checked="" type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TD REIDC, MARC 4215 WEST SAN LUIS TAMPA FL 33629 <input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SD RUSHING, JOANN 20310 SW 48TH STREET FT. LAUDERDALE FL <input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE		6.1 TITLE 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 information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE:  REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CP2E037 (9/96)