SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

96 AUG -5 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F55321 (6)

1. Corporation Name
CAPE CORAL DIALYSIS CENTER, INC.

Principal Place of Business	Mailing Address
1315 SE 8TH TERR CAPE CORAL FL 33990	1315 SE 8TH TERR CAPE CORAL FL 33990

800001912898
-08/05/96--01040--025
*****225.00 *****225.00

3. Date Incorporated or Qualified: 11/19/1981
3a. Date of Last Report: 01/26/1995
4. FEI Number: 59-2264545 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 1850 Gateway Drive
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27 Suite 500
City & State 23	City & State 28 San Mateo, CA
Zip 24 / Country 25	Zip 29 94404 / Country 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BUTCHER, DAVID R., M.D.
1380 ROYAL PALM SQUARE BLVD.
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name: C.T. Corporation
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
83
84 City: Plantation FL 85 Zip Code: 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] Asst. V.P. Thomas W. Lukas — 8-2-96
Signature, typed or printed name and title of officer (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	BUTCHER, DAVID R.	
STREET ADDRESS	1380 ROYAL PALM SQ. BLVD	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD	☒ DELETE
NAME	CAANTHAN, K. DEVA	
STREET ADDRESS	1380 ROYAL PALM SQ. BLVD	
CITY-ST-ZIP	FT. MYERS	
TITLE	SD	☒ DELETE
NAME	DELONS, RONALD J	
STREET ADDRESS	1380 ROYAL PALM SQUARE BLVD	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	TD	☒ DELETE
NAME	VAN SICKLER, JOEL	
STREET ADDRESS	1380 ROYAL PALM SQUARE BLVD	
CITY-ST-ZIP	FT MYERS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres./Dir.	☒ Change ☒ Addition
1.2 NAME	BARRY, DAVID P.	
1.3 STREET ADDRESS	115 Columbia	
1.4 CITY-ST-ZIP	Aliso Viejo, CA 92656	
2.1 TITLE	Sec./Treas./Dir.	☒ Change ☒ Addition
2.2 NAME	ZUMWALT LEANNE	
2.3 STREET ADDRESS	1850 Gateway Drive, Suite 500	
2.4 CITY-ST-ZIP	San Mateo, CA 94404	
3.1 TITLE	V.P.	☒ Change ☒ Addition
3.2 NAME	DEES, JANET	
3.3 STREET ADDRESS	1346 South Fort Harrison Ave.	
3.4 CITY-ST-ZIP	Clearwater, FL 34616	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

A. Alan 8-5-96

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 changed, or on an attachment with an address.

SIGNATURE: LeAnne Zumwalt — 6/24/96 — (714) 831-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)