

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 16 1997 8:00am
Secretary of State

DOCUMENT # F55321

(6)

1. Corporation Name

CAPE CORAL DIALYSIS CENTER, INC.



Principal Place of Business

1315 S.E. 8TH TERRACE
CAPE CORAL FL 33900

Mailing Address

1850 GATEWAY DRIVE
SUITE 500
SAN MATEO CA 94404

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1185 Oak Street

Suite, Apt. #, etc.

22

City & State

23 Lakewood, CO

Zip

24 80215

Country

25 Jefferson

2a. Mailing Address

26 1185 Oak Street

Suite, Apt. #, etc.

27

City & State

28 Lakewood, CO

Zip

29 80215

Country

30 Jefferson

3. Date Incorporated or Qualified

11/19/1981

3a. Date of Last Report

08/05/1996

4. FEI Number

59-2264545

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C.T. CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

PD
BARRY, DAVID
115 COLUMBIA
ALISO VIEJO CA 92656

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

STD
SUMWALT, LEANNE
1850 GATEWAY DRIVE, SUITE 500
SAN MATEO CA 94404

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

VP
DEES, JANET
1346 SOUTH FORT HARRISON AVENUE
CLEARWATER FL 34616

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☒ Addition

VP/D
Herbert S. Lawson
1185 Oak Street
Lakewood, CO 80215

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☒ Addition

VP/S/D
Ralph Z. Levy, Jr.
1919 Charlotte Avenue
Nashville, TN 37203

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☒ Addition

VP
Lee Luckenbill
8426 W. Bryn Mawr, Suite 888
Chicago, IL 60631

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☒ Addition

AS
Bruce Winsor
1185 Oak Street
Lakewood, CO 80215

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☒ Addition

AS
Daniel B. Brown
1919 Charlotte Avenue
Nashville, TN 37203

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☒ Addition

D
Gregg Sonnen
1185 Oak Street
Lakewood, CO 80215

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE OF PRESIDENT: Herbert S. Lawson

9/10/97

(303) 230-2084

CR2E034 (4/97)