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FILED  
May 18 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F55321 (6)

1. Corporation Name  
CAPE CORAL DIALYSIS CENTER, INC.

Principal Place of Business

1185 OAK ST  
LAKEWOOD CO 80215  
US

Mailing Address

1185 OAK ST  
LAKEWOOD CO 80215  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1981

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

26. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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.

(NOT) Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME PD  
BARRY, DAVID  
STREET ADDRESS 115 COLUMBIA  
CITY-ST-ZIP ALISO VIEJO CA 92656

TITLE ☒ DELETE

NAME VPD  
LAWSON, HERBERT S  
STREET ADDRESS 1185 OAK ST  
CITY-ST-ZIP LAKEWOOD CO

TITLE ☐ DELETE

NAME VPSD  
LEVY, RALPH Z JR  
STREET ADDRESS 1919 CHARLOTTE AVE  
CITY-ST-ZIP NASHVILLE TN

TITLE ☒ DELETE

NAME VP  
LUCKENBILL, LEE  
STREET ADDRESS 8426 W BRYN MAWR, STE 888  
CITY-ST-ZIP CHICAGO IL

TITLE ☐ DELETE

NAME AS  
WINSOR, BRUCE  
STREET ADDRESS 1185 OAK ST  
CITY-ST-ZIP LAKEWOOD CO

TITLE ☐ DELETE

NAME AS  
BROWN, DANIEL B  
STREET ADDRESS 1919 CHARLOTTE AVE  
CITY-ST-ZIP NASHVILLE TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

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

SIGNATURE:

Bruce Winsor

4/27/98

(303) 231-6091

CR2E034 (10/97)