


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Aug 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F95000002248 (1) 1. Corporation Name DIALYSIS CENTERS OF AMERICA, INC.		



Principal Place of Business 161 NORTH CLARK STREET SUITE 1200 CHICAGO IL 60601	Mailing Address 161 NORTH CLARK STREET SUITE 1200 CHICAGO IL 60601-3221
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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 05/08/1995 3a. Date of Last Report 06/13/1996 4. FCI Number 13-3776152 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent BLANTON, EDWIN F ESQ 825 THOMASVILLE RD. TALLAHASSEE FL 32303	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
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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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. PCEO MCGEE, ALLEN D 4 CREST VIEW LN. MILTON MA 02186 2. C MEYERSON, MONROE R 7172 MANDARIN DR. BOCA RATON FL 33433 3. VCEO MEDNICK, DAVID L 96 FIFTH AVENUE, 7-C NEW YORK NY 10011 4. TAS MEDNICK, DAVID L 96 FIFTH AVENUE, 7-C NEW YORK NY 10011 5. SVPO LAOS, JEFFREY B 3680 WEST POTVIN LANE TUSCON AZ 85742 6. S GOODMAN, BRUCE 18 OAK MEADOW ROAD LINCOLN MA 01773	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 6585 NW 38TH COURT BOCA RATON, FL 33496 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3256 NW 60TH ST. BOCA RATON, FL 33496 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 3256 NW 60TH ST. BOCA RATON, FL 33496 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
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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 furnished 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 a duly authorized 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 _____ 8/15/97 512-477-3500

CR2E034 (9/96)