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FILED
May 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1995

4. FEI Number

13-3776152

Applied For

Not Applicable

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 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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

BLANTON, EDWIN F ESO
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

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 PCEO
NAME MCGEE, ALLEN D
STREET ADDRESS 6585 NW 38TH COURT
CITY-ST-ZIP BOCA RATON FL

TITLE C
NAME MEYERSON, MONROE R
STREET ADDRESS 7172 MANDARIN DR.
CITY-ST-ZIP BOCA RATON FL 33433

TITLE VCFO
NAME MEDNICK, DAVID L
STREET ADDRESS 3256 NW 60TH ST
CITY-ST-ZIP BOCA RATON FL

TITLE TAS
NAME MEDNICK, DAVID L
STREET ADDRESS 3256 NW 60TH ST
CITY-ST-ZIP BOCA RATON FL

TITLE SVPO
NAME LAOS, JEFFREY B
STREET ADDRESS 9680 WEST POTVIN LANE
CITY-ST-ZIP TUSCON AZ 85742

TITLE S
NAME GOODMAN, BRUCE
STREET ADDRESS 18 OAK MEADOW ROAD
CITY-ST-ZIP LINCOLN MA 01773

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 unchanged, or on an attachment with an address.

SIGNATURE

[Signature]

5/18/98 51485 477-352

CP2E034 (10/97)