

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

DOCUMENT # F95000002391 (9)

1. Corporation Name

RENAL CARE NETWORK OF FLORIDA, INC.



Principal Place of Business

Mailing Address

400 PRIMROSE, #200
BURLINGAME CA 94010

400 PRIMROSE, #200
BURLINGAME CA 94010

2. Principal Place of Business

21 1850 Gateway Drive

22 Suite, Apt. #, etc
500

23 City & State

San Mateo, CA

24 Zip 94404

25 Country USA

2a. Mailing Address

26 1850 Gateway Drive

27 Suite, Apt. #, etc
500

28 City & State

San Mateo, CA

29 Zip 94404

30 Country USA

3. Date Incorporated or Qualified

05/16/1995

3a. Date of Last Report

4. FEI Number

52-1923932

Applied For

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
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 fee (if applicable)

(NOTE: Registered Agent's signature is required when changing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GILPIN, TERRY O
STREET ADDRESS 28870 US HWY 19 N, #300
CITY-ST-ZIP CLEARWATER FL 34621

TITLE SD
NAME LEWIN, HOWARD J
STREET ADDRESS 19630 CLUB HOUSE ROAD, #720
CITY-ST-ZIP GAITHERSBURG MD 20879

TITLE TD
NAME ZUMWALT, LEANNE M
STREET ADDRESS 400 PRIMROSE, #200
CITY-ST-ZIP BURLINGAME CA 94010

TITLE D
NAME BRAXTON, THOMAS N MD
STREET ADDRESS 1850 59TH ST., WEST
CITY-ST-ZIP BRADENTON FL 34209

TITLE D
NAME MCALLISTER, CHARLES J MD
STREET ADDRESS 1124 LAKEVIEW RD, #3
CITY-ST-ZIP CLEARWATER FL 34616

TITLE D
NAME RIFKIN, STEPHEN I MD
STREET ADDRESS 4 COLUMBIA DR., #480
CITY-ST-ZIP TAMPA FL 33606

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE TD
32 NAME ZUMWALT, LeAnne M.
33 STREET ADDRESS 1850 Gateway Drive, Suite 500
34 CITY-ST-ZIP San Mateo, CA 94404

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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)(c), 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: LeAnne Zumwalt, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(415) 577-5700

CR2E034 (3/96)