

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

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002391 (9)

1. Corporation Name

RENAL CARE NETWORK OF FLORIDA, INC.



Principal Place of Business 1850 GATEWAY DRIVE SUITE 500 SAN MATEO CA 94404 US	Mailing Address 1850 GATEWAY DRIVE SUITE 500 SAN MATEO CA 94404-2467 US
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3. Date Incorporated or Qualified 05/16/1995	3a. Date of Last Report 07/24/1996
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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	4. FEI Number 52-1923932	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 type="checkbox"/> Yes <input type="checkbox"/> No
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	PD	<input type="checkbox"/> DELETE
NAME	GILPIN, TERRY O	
STREET ADDRESS	28870 US HWY 19 N, #300	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEWIN, HOWARD J	
STREET ADDRESS	19630 CLUB HOUSE ROAD, #720	
CITY-ST-ZIP	GAITHERSBURG MD 20879	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ZUMWALT, LEANNE M	
STREET ADDRESS	1850 GATEWAY DRIVE SUITE 500	
CITY-ST-ZIP	SA MATEO CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAXTAN, THOMAS N MD	
STREET ADDRESS	1850 59TH ST., WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCALLISTER, CHARLES J MD	
STREET ADDRESS	1124 LAKEVIEW RD, #3	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE	D	<input type="checkbox"/> DELETE
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

LEANNE M. ZUMWALT, Treasurer

2/19/97

(415) 577-5510

CR2E034 (9/96)