SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

0118774

PROFIT CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 FEB 18 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 1998-1999
DO NOT WRITE IN THIS SPACE

DOCUMENT # F95000002391 (9)

1. Corporation Name
RENAL CARE NETWORK OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1850 GATEWAY DRIVE SUITE 500 SAN MATEO CA 94404 US	1850 GATEWAY DRIVE SUITE 500 SAN MATEO CA 94404 US

2. Principal Place of Business
21 19345 U.S. 19 North
Suite, Apt. #, etc.
22 Suite 300
City & State
23 Clearwater FL
Zip 24 33764 Country 25

2a. Mailing Address
26 1185 Oak St.
Suite, Apt. #, etc.
27
City & State
28 Lakewood, CO
Zip 29 80215 Country 30

3. Date Incorporated or Qualified
05/16/1995

4. F.E.I. Number
52-1923932
[ ] 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

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: Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable)
83 1201 Hays St.
84 City: Tallahassee FL 85 Zip Code: 32301

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: Kurt Plender (Asst. Vice-President) DATE: 2-5-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required for filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	[X] DELETE	11 TITLE	PD	[ ] Change [X] Addition
NAME	GILPIN, TERRY O		12 NAME	Levy, Jr., Ralph Z.	
STREET ADDRESS	28870 US HWY 19 N, #300		13 STREET ADDRESS	5200 Maryland Way, Ste. 300	
CITY-ST-ZIP	CLEARWATER FL 34621		14 CITY-ST-ZIP	Brentwood, TN 37027	
TITLE	SD	[X] DELETE	21 TITLE	TSD	[ ] Change [X] Addition
NAME	LEWIN, HOWARD J		22 NAME	Lay, Ginger	
STREET ADDRESS	19630 CLUB HOUSE ROAD, #720		23 STREET ADDRESS	19345 U.S. 19 North, Ste. 300	
CITY-ST-ZIP	GAITHERSBURG MD 20879		24 CITY-ST-ZIP	Clearwater, FL 33764	
TITLE	TD	[X] DELETE	31 TITLE	D VP	[ ] Change [X] Addition
NAME	ZUMWALT, LEANNE M		32 NAME	Luckenbill, Lee	
STREET ADDRESS	1850 GATEWAY DRIVE SUITE 500		33 STREET ADDRESS	6200 N. Berkley Blvd.	
CITY-ST-ZIP	SA MATEO CA		34 CITY-ST-ZIP	Whitefish Bay, WI 53217	
TITLE	D	[ ] DELETE	41 TITLE	D	[X] Change [ ] Addition
NAME	BRAXTAN, THOMAS N MD		42 NAME	Braxtan, Thomas M.D.	
STREET ADDRESS	1850 59TH ST., WEST		43 STREET ADDRESS	508 Manatee Avenue East	
CITY-ST-ZIP	BRADENTON FL 34209		44 CITY-ST-ZIP	Bradenton, FL 34208	
TITLE	D	[X] DELETE	51 TITLE	D	[ ] Change [X] Addition
NAME	MCALLISTER, CHARLES J MD		52 NAME	Keith Kapatkin, M.D.	
STREET ADDRESS	1124 LAKEVIEW RD, #3		53 STREET ADDRESS	500 Vonderburg, Suite 210W	
CITY-ST-ZIP	CLEARWATER FL 34616		54 CITY-ST-ZIP	Brandon, FL 33511	
TITLE	D	[ ] DELETE	61 TITLE		[ ] Change [ ] Addition
NAME	RIFKIN, STEPHEN I MD		62 NAME		
STREET ADDRESS	4 COLUMBIA DR., #480		63 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33606		64 CITY-ST-ZIP		

CR2E034 (5/98)

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: RALPH Z. LEVY, JR. 12-15-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #