

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 # F95000003030 (2)

1. Corporation Name

RENAL CARE HEALTH ASSOCIATION OF FLORIDA, INC.



Principal Place of Business

Mailing Address

400 PRIMROSE #200
BURLINGTON CA 94010

400 PRIMROSE #200
BURLINGTON CA 94010

2. Principal Place of Business

2a. Mailing Address

21 1850 Gateway Drive

26 1850 Gateway Drive

22 Suite, Apt #, etc.
500

27 Suite, Apt #, etc.
500

23 City & State

28 City & State

San Mateo, CA

San Mateo, CA

24 Zip

25 Country

29 Zip

30 Country

94404

USA

94404

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 true if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RIFKIN, STEPHEN I MD
STREET ADDRESS 4 COLUMBIA DR., #480
CITY-ST-ZIP TAMPA FL 33806

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

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)(k), 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:

Charles McAllister

Charles McAllister, MD

(415) 577-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Block #

CR2E034 (3/96)