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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

1850 GATEWAY DRIVE
SUITE 500
SAN MATEO CA 94404
US

Mailing Address

1850 GATEWAY DRIVE
SUITE 500
SAN MATEO CA 94404-2467
US

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

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

3. Date Incorporated or Qualified

06/22/1995

3a. Date of Last Report

07/19/1996

4. FEI Number

59-3318522

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 of the individual or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
PD	RIFKIN, STEPHEN I MD	4 COLUMBIA DR., #480	TAMPA FL 33606	☐
SD	BRAXTON, THOMAS N MD	1850 59TH ST., W.	BRADENTON FL 34209	☐
TD	MCALLISTER, CHARLES J MD	1124 LAKEVIEW RD., #3	CLEARWATER FL 34616	☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	☐ Change ☐ Addition
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td>☐ Change ☐ Addition</td></td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td>☐ Change ☐ Addition</td></td></td>	2.3 STREET ADDRESS <td>2.4 CITY - ST - ZIP<td>☐ Change ☐ Addition</td></td>	2.4 CITY - ST - ZIP <td>☐ Change ☐ Addition</td>	☐ Change ☐ Addition
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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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES J. MCALLISTER, M.D.

Date

Daytime Phone #