DIALYSIS CONSTRUCTORS, INC.

12118 North Loop Road San Antonio, Texas 78216 (210) 490-8765 FAX (210) 496-0268

F95000004252

Hart Collins
Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gains St.
Tallahasse, FL 32314

Dear Mr. Collins,

In our conversation of 8/30/95 I requested that upon qualifying that you fax me a copy of the approved application so that I could in turn fax it to Jacksonville. This is the last detail pending the issuance of my Building Contractors License. As we have two jobs ready for permitting , it is extremely urgent that the License be issued ASAP.

Thank for your patience and helpfulness on the phone, and any assistance you can grant me.
My fax number is 1-210-496-0268.

With Gratitude,

Greg Williams

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DIVISION OF CORPORATIONS
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TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Dialysis Constructors, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Greg Williams
(Name of Person)

Dialysis Constructors, Inc.
(Firm/Company)

12118 North Loop Rd.
(Address)

San Antonio, TX 78216
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Greg Williams at (210) 490-8765
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Sec.
Division of Corporations
409 E. Gaines St
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Dialysis Constructors, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY","CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Nevada
(State or country under the law of which it is incorporated)

3. 88-0314643
(FEI number, if applicable)

4. March 2, 1994
(Date of Incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. N/A (UPON QUALIFICATION)
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)

7. 1111 Las Vegas Blvd.

Las Vegas, NV 89104-13
(Current mailing address)

8. General Contracting
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Jackie Rojas

Office Address: 4522 Spruce St. #103

Tampa, FL , Florida ,33607
(Zip Code)

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CHANGE OF CORPORATIONS

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Jacqueline M. Rojas
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. **DIRECTORS (Street address only- P. O . Box NOT acceptable)**

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

B. **OFFICERS (Street address only- P. O. Box NOT acceptable)**

President: S.R. Mohan

Address: 16607 Stone Ridge

San Antonio, TX 78232

Vice President: Warren Craig

Address: 12118 N. Loop Rd.

San Antonio, TX 78216

Secretary: _____

Address: _____

_____

Treasurer: James Gregory Williams

Address: 2811 Burning Hill San Antonio, TX 78247

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. James Gregory Williams
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF CORPORATE EXISTENCE
(EXCLUDING AMENDMENTS)

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to corporations organized under the laws thereof; the revocation of their corporate charters, and their right to transact and carry on their corporate business; and am the proper officer to execute this certificate.

I further certify that, at the date of this certificate, **DIALYSIS CONSTRUCTORS, INC.** is a corporation duly organized and existing under and by virtue of the laws of the State of Nevada, having fully complied therewith, is entitled to exercise therein all the corporate powers and functions recited in its charter or articles of incorporation, and is in good standing in this State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, this 29th day of August, 1995.

Dean Heller

Secretary of State

By

Certification Clerk

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