

C T Corporation System				
Requestor's Name 660 East Jefferson Str				
Address	<u> </u>			
Tallahassee, FL 32301	. 48 °	اج ا	75720000 :099/21/10-	7772
City State Zip	Phone		*****35.00	
CORPORATION	(S) NAME			
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) Limited Liability Company () Foreign () Dissolut		on/Withdrawal	() Mark	
() Limited Partnership () Annua		Report	() Other	_
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() Call When Ready	() Call if Problem		() After 4:30	
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Name			,	
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Document Examiner	1/12/71		THANKS	• =
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Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Delaware submits the following statement in order to change its registered office
or registered agent, or both, in the State of Florida.
1a. The name of the corporation is: Renal Treatment Centers-Southeast, Inc.
1b. Date of incorporation December 27, 1996 Document number F96000006831
2. The name and address of the current registered agent and office: Corporation Service Company
1201 Hays Street, Tallahassee, FL 32301-2525
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 3332
The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
SIGNATURE (Type or printed name and title) DATE BARRY C. COSGROVE, Vice-Pres. (Type or printed name and title)
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.
SIGNATURE BY: (Pagistered Agent)
(Registered Agent) D.I. FARBER, Asst. Secy. DATE
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Filing Fee: \$35.00

(FLA. - 2194 - 3/4/92)

CR2E045 (7-91)