FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G53231 (8)

1. Corporation Name
KIDNEY VAN,INC.

Principal Place of Business
DAVID M HUGHES
C/O ~~MICHAEL SIEDLECKI~~
5666 SEMINOLE BLVD.,STE.6
SEMINOLE FL 34642-7328

Mailing Address
DAVID M HUGHES
C/O ~~MICHAEL SIEDLECKI~~
5666 SEMINOLE BLVD.,STE.6
SEMINOLE FL 34642-7328

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

3. Date Incorporated or Qualified: 08/08/1983
3a. Date of Last Report: 05/24/1994
4. FEI Number: 59-2338432 — ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

~~SIEDLECKI, MICHAEL~~
5666 SEMINOLE BLVD.,STE.6
SEMINOLE FL 33542

10. Name and Address of New Registered Agent

81 Name: DAVID M HUGHES
82 Street Address (P.O. Box Number is Not Acceptable): 5666 SEMINOLE BLVD #6
83
84 City: SEMINOLE FL 85 Zip Code: 34642

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: David M Hughes — DAVID M HUGHES — 4-27-95
Signature, Typed or Printed Name of Registered Agent and Title if Applicable — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT	1 TITLE	PDST ☑ Change ☐ Addition
NAME	MALTI, JOSSETTE S	1 NAME	MALTI, JOSSETTE S.
STREET ADDRESS	5666 SEMINOLE BLVD	1 STREET ADDRESS	5666 SEMINOLE BLVD. #6
CITY-ST-ZIP	SEMINOLE FL	1 CITY-ST-ZIP	SEMINOLE, FL. 34642
TITLE	~~PDS~~	2 TITLE	☐ Change ☐ Addition
NAME	~~SIEDLECKI, MICHAEL, MD~~	2 NAME	
STREET ADDRESS	~~1201 5TH AVE, N STE 302~~	2 STREET ADDRESS	
CITY-ST-ZIP	~~ST PETERSBURG, FL 00000~~	2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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)(i), Florida Statutes. I further certify that the information indicated on the 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: Jossette S. Malti — 4-27-95 — (813) 391-7632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0362301 CP