FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G66961** **(5)**

1. Corporation Name

OSCEOLA ARTIFICIAL KIDNEY CENTER, INC.

Principal Place of Business	Mailing Address
595 OAK COMMONS BLVD. SUITE B KISSIMMEE FL 34741	595 OAK COMMONS BLVD. SUITE B KISSIMMEE FL 34741

3. Date Incorporated or Qualified: **10/24/1983**

3a. Date of Last Report: **04/03/1995**

4. FEI Number: **59-2348891** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26 2 MAREBLU
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 ALISO VIEJO, CA
Zip 24 / Country 25	Zip 29 92656 / Country 30 USA

9. Name and Address of Current Registered Agent

MUKHERJEE, DOROTHY S.
1445 RIVIERA DRIVE
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name: C T CORPORATION
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
83: C/O C T Corporation System
84 City: Plantation FL 85 Zip Code: 33324

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE	P	☒ Change ☐ Addition
NAME	MUKHERJEE, GOPEN N.		12 NAME	BARRY, DAVID P.	
STREET ADDRESS	1445 RIVIERA DRIVE		13 STREET ADDRESS	2 MAREBLU	
CITY-ST-ZIP	KISSIMMEE FL		14 CITY-ST-ZIP	ALISO VIEJO, CA 92656	
TITLE	VP	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	MUKHERJEE, DOROTHY S.		22 NAME	ZUMWALT, LEANNE M.	
STREET ADDRESS	1445 RIVIERA DRIVE		23 STREET ADDRESS	2 MAREBLU	
CITY-ST-ZIP	KISSIMMEE FL		24 CITY-ST-ZIP	ALISO VIEJO, CA 92656	
TITLE	VP	☐ DELETE	31 TITLE	VP	☒ Change ☐ Addition
NAME	ZAWISKI, MARK A.		32 NAME	DEES, JANET	
STREET ADDRESS	7815 CORAL WAY #115		33 STREET ADDRESS	1346 S. FORT HARRISON AVE.	
CITY-ST-ZIP	MIAMI FL		34 CITY-ST-ZIP	CLEARWATER, FL 34616	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			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)(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 or added by attachment with an address.

SIGNATURE: J. BENJAMIN P. CHOY (714) 831-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)