

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0582431

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90179 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J96458

1. Corporation Name
GULF COAST KIDNEY CENTER, INC.

Principal Place of Business
4802 GRAND BBLVD.
NEW PORT RICHEY FL 34652

Mailing Address
4802 GRAND BBLVD.
NEW PORT RICHEY FL 34652



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/09/1987	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2855378	
24 Country		30 Country		Applied For	
				No. Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/>	
WU FEN-FEN 4802 GRAND BLVD. NEW PORT RICHEY FL 34652				\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WU, MING J.	1.2 NAME	MICHAEL ROTTMAN		
STREET ADDRESS	3371 HICKORYWOOD WAY	1.3 STREET ADDRESS	19559 NE 10TH AVE		
CITY-ST-ZIP	TARPON SPRGS. FL 34689	1.4 CITY-ST-ZIP	NMB, FL. 33179		
TITLE	ST	2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WU, FEN FEN	2.2 NAME	NORMA GOMEZ		
STREET ADDRESS	3371 HICKORYWOOD WAY	2.3 STREET ADDRESS	19559 NE 10TH AVE.		
CITY-ST-ZIP	TARPON SPRGS. FL 34689	2.4 CITY-ST-ZIP	NMB, FL. 33179		
TITLE		3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		3.2 NAME	ARTURO FERNANDEZ		
STREET ADDRESS		3.3 STREET ADDRESS	19559 NE 10TH AVENUE		
CITY-ST-ZIP		3.4 CITY-ST-ZIP	NMB, FL. 33179		
TITLE		4.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		4.2 NAME	ALLAN JACOB		
STREET ADDRESS		4.3 STREET ADDRESS	19559 NE 10TH AVENUE		
CITY-ST-ZIP		4.4 CITY-ST-ZIP	NMB, FL. 33179		
TITLE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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 on an attachment with an address, with a holder like empowered.

SIGNATURE:

Arturo Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99

Date

Daytime Phone #

CR2E034 (11/98)