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 # **K51559** **(8)**

1. Corporation Name

DIALYSIS SERVICES OF FLORIDA, INC. - FORT WALTON BEACH

Principal Place of Business	Mailing Address
348 MIRACLE STRIP PARKWAY #16 FT WALTON BEACH FL 32549 US	2337 W. 76 ST. HIALEAH FL 33016 US

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

3. Date Incorporated or Qualified: **12/15/1988**
3a. Date of Last Report: **02/27/1995**

4. FEI Number: **59-2923823** ☐ 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 Declined to file consolidated return

9. Name and Address of Current Registered Agent

HEALEY, DENNIS W.
2337 W. 76 ST.
HIALEAH FL 33016

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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	☐ Change ☐ Addition
NAME	HAIRE, DR. HENRY M.	1.2 NAME	
STREET ADDRESS	789 MIRACLE STRIP PKWY.E	1.3 STREET ADDRESS	
CITY, ST, ZIP	MARY ESTHER FL	1.4 CITY, ST, ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	CEO D ☒ Change ☐ Addition
NAME	LANGBEIN, THOMAS K.	2.2 NAME	Langbein, Thomas K.
STREET ADDRESS	777 TERRACE AVE	2.3 STREET ADDRESS	777 Terrace Ave.
CITY, ST, ZIP	HASBROUCK HGTS NJ	2.4 CITY, ST, ZIP	Hasbrouck Heights, NJ
TITLE	DP ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PELSTRING, BART	3.2 NAME	
STREET ADDRESS	402 MARVEL COURT	3.3 STREET ADDRESS	
CITY, ST, ZIP	EASTON MD	3.4 CITY, ST, ZIP	
TITLE	ST ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HEALEY, DENNIS W.	4.2 NAME	
STREET ADDRESS	2337 W . 76 ST.	4.3 STREET ADDRESS	
CITY, ST, ZIP	HIALEAH FL	4.4 CITY, ST, ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

CR2E034 (12/95)

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 on an attachment with an address.

SIGNATURE: Dennis W. Healey 1/1/96 (305) 558-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #