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Jan 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 33016-1842 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: 02/15/1996
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 Florida Statutes ☒ Yes ☐ No — Included in 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: OUZTS, DANIEL R.
82 Street Address (P.O. Box Number is Not Acceptable): 2337 W. 76 ST.
83
84 City: HIALEAH FL 85 Zip Code: 33016

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: Daniel R. Ouzts (Signature, typed or printed name of person signing, required if signature is illegible) (NOTE: Registered Agent's signature required when reinstating) DATE: 1/16/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	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	CEOD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LANGBEIN, THOMAS K.		2.2 NAME		
STREET ADDRESS	777 TERRACE AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HASBROUCK HGTS NJ		2.4 CITY-ST-ZIP		
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	S	☐ Change ☒ Addition
NAME			5.2 NAME	JAFFE, LAWRENCE	
STREET ADDRESS			5.3 STREET ADDRESS	777 TERRACE AVE.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	HASBROUCK HEIGHTS, NJ	
TITLE		☐ DELETE	6.1 TITLE	T	☐ Change ☒ Addition
NAME			6.2 NAME	OUZTS, DANIEL R.	
STREET ADDRESS			6.3 STREET ADDRESS	2337 WEST 76 ST.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	HIALEAH, FL	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Daniel R. Ouzts 1/16/97 (30) 555-7000