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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
948 MIRACLE STRIP PARKWAY
#16
FT WALTON BEACH FL 32549
US

Mailing Address
2337 W. 76 ST.
HIALEAH FL 33016-1842
US

3. Date Incorporated or Qualified: **12/15/1988**
3a. Date of Last Report: **02/15/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 Chapter 199, 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 registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE: 1/16/97

12. OFFICERS AND DIRECTORS

TITLE	DV	☐ DELETE
NAME	HAIRE, DR. HENRY M.	
STREET ADDRESS	789 MIRACLE STRIP PKWY.E	
CITY-ST-ZIP	MARY ESTHER FL	
TITLE	CEOD	☐ DELETE
NAME	LANGBEIN, THOMAS K.	
STREET ADDRESS	777 TERRACE AVE	
CITY-ST-ZIP	HASBROUCK HGTS NJ	
TITLE	DP	☐ DELETE
NAME	PELSTRING, BART	
STREET ADDRESS	402 MARVEL COURT	
CITY-ST-ZIP	EASTON MD	
TITLE	ST	☒ DELETE
NAME	HEALEY, DENNIS W.	
STREET ADDRESS	2337 W . 76 ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S	☐ Change ☒ Addition
5.2 NAME	JAFFE, LAWRENCE	
5.3 STREET ADDRESS	777 TERRACE AVE.	
5.4 CITY-ST-ZIP	HASBROUCK HEIGHTS, NJ	
6.1 TITLE	T	☐ Change ☒ Addition
6.2 NAME	OUZTS, DANIEL R.	
6.3 STREET ADDRESS	2337 WEST 76 ST.	
6.4 CITY-ST-ZIP	HIALEAH, FL	

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 (305) 558-7400

CR2E034 (9/96)