

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

FILED

Jan 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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  
348 MIRACLE STRIP PARKWAY  
#16  
FT WALTON BEACH FL 32549  
US

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2337 W. 76 TH ST. Suite, Apt. #, etc. 22 City & State 23 HIALEAH, FL Zip 24 33016 Country 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 12/15/1988	4. FEI Number 59-2923823 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	--	---	--	--	---	--

9. Name and Address of Current Registered Agent OUZTS, DANIEL R. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	789 MIRACLE STRIP PKWY.E	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	MARY ESTHER FL	2.1 TITLE	2.2 NAME
TITLE	CEOD	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
NAME	LANGBEIN, THOMAS K.	3.1 TITLE	3.2 NAME
STREET ADDRESS	777 TERRACE AVE	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
CITY-ST-ZIP	HASBROUCK HGTS NJ	4.1 TITLE	4.2 NAME
TITLE	DP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
NAME	PELSTRING, BART	5.1 TITLE	5.2 NAME
STREET ADDRESS	402 MARVEL COURT	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
CITY-ST-ZIP	EASTON MD	6.1 TITLE	6.2 NAME
TITLE	S	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
NAME	JAFFE, LAWRENCE		
STREET ADDRESS	777 TERRACE AVE.		
CITY-ST-ZIP	HASBROUCK HEIGHTS NJ		
TITLE	T		
NAME	OUZTS, DANIEL R.		
STREET ADDRESS	2337 WEST 76 ST.		
CITY-ST-ZIP	HIALEAH FL		

14. I 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: *[Signature]* DATE: 1/7/98 (305) 558-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0129718

CR2E034 (10/97)