SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 25 AM 8:06

DOCUMENT # **K52140** **(6)**

1. Corporation Name
COMMUNITY DIALYSIS SUPPLY CORP.

Principal Place of Business	Mailing Address
400 PRIMROSE ROAD 200 BURLINGAME CA 94010 US	400 PRIMROSE 200 BURLINGAME CA 94010 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/19/1988**
3a. Date of Last Report: **06/21/1994**

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: **59-2924118** ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	~~GREEN, ROBERT L.~~	12 NAME	
STREET ADDRESS	~~400 PRIMROSE ROAD, SUITE 200~~	13 STREET ADDRESS	
CITY-ST-ZIP	~~BURLINGAME CA~~	14 CITY-ST-ZIP	
TITLE	~~D~~	21 TITLE	Chairman ☑ Change ☐ Addition
NAME	THIRY, KENT J	22 NAME	
STREET ADDRESS	400 PRIMROSE ROAD, SUITE 200	23 STREET ADDRESS	
CITY-ST-ZIP	BURLINGAME CA	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	CASTALDI, MICHAEL	32 NAME	
STREET ADDRESS	2 MAREBLU	33 STREET ADDRESS	
CITY-ST-ZIP	LAGUNA HILLS CA	34 CITY-ST-ZIP	
TITLE	~~AVP~~	41 TITLE	Acting Vice President ☑ Change ☐ Addition
NAME	DEE, JAN	42 NAME	Dees, Jan
STREET ADDRESS	~~10575 60TH AVENUE NORTH, SUITE C-2~~	43 STREET ADDRESS	1124 Lakeview Rd., Suite 2
CITY-ST-ZIP	~~SEMINOLE FL~~	44 CITY-ST-ZIP	Clearwater, FL 34616
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	CONNOR, DAVID G	52 NAME	
STREET ADDRESS	15 CRECIENTA	53 STREET ADDRESS	
CITY-ST-ZIP	SAUSALITO CA	54 CITY-ST-ZIP	
TITLE	~~ST~~	61 TITLE	☑ Change ☐ Addition
NAME	~~MALKMUS, WILLIAM H.~~	62 NAME	LeAnne Zumwalt
STREET ADDRESS	400 PRIMROSE ROAD, SUITE 200	63 STREET ADDRESS	
CITY-ST-ZIP	BURLINGAME CA	64 CITY-ST-ZIP	

CR2E034 (3/95)

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: LeAnne Zumwalt 7/7/95 415-348-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0103730 FN