SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

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

2. Principal Place of Business 21 1850 Gateway Drive	2a. Mailing Address 26 1850 Gateway Drive
Suite, Apt #, etc 22 Suite 500	Suite, Apt #, etc 27 Suite 500
City & State 23 San Mateo, CA	City & State 28 San Mateo, CA
Zip / Country 24 94404 / 25 USA	Zip / Country 29 94404 / 30 USA

3. Date Incorporated or Qualified: 12/19/1988
3a. Date of Last Report: 07/25/1995
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, type or print the name of the registered agent and the capacity (NOTE: Registered Agent signature required when mail delivery)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE	C	☒ Change ☐ Addition
NAME	THIRY, KENT J		1.2 NAME	THIRY, Kent J.	
STREET ADDRESS	400 PRIMROSE ROAD, SUITE 200		1.3 STREET ADDRESS	1850 Gateway Drive, Suite 500	
CITY-ST-ZIP	BURLINGAME CA		1.4 CITY-ST-ZIP	San Mateo, CA 94404	
TITLE	P	☐ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	CASTALDI, MICHAEL		2.2 NAME	BARRY, David	
STREET ADDRESS	2 MAREBLU		2.3 STREET ADDRESS	115 Columbia	
CITY-ST-ZIP	LAGUNA HILLS CA		2.4 CITY-ST-ZIP	Aliso Viejo, CA 92656	
TITLE	AVP	☐ DELETE	3.1 TITLE	V	☒ Change ☐ Addition
NAME	DEE, JAN		3.2 NAME	GRAFF, Janice	
STREET ADDRESS	1124 LAKEVIEW RD STE 2		3.3 STREET ADDRESS	19345 U.S. 19 North, Suite 100	
CITY-ST-ZIP	CLEARWATER F		3.4 CITY-ST-ZIP	Clearwater, FL 34624	
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CONNOR, DAVID G		4.2 NAME		
STREET ADDRESS	15 CRECIENTA		4.3 STREET ADDRESS		
CITY-ST-ZIP	SAUSALITO CA		4.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	5.1 TITLE	STD	☒ Change ☐ Addition
NAME	ZUMWALT, LEANNE		5.2 NAME	ZUMWALT, LeAnne	
STREET ADDRESS	400 PRIMROSE ROAD, SUITE 200		5.3 STREET ADDRESS	1850 Gateway Drive, Suite 500	
CITY-ST-ZIP	BURLINGAME CA		5.4 CITY-ST-ZIP	San Mateo, CA 94404	
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 (3/96)

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 617, 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, Secy (415) 577-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #