K53140
ACCOUNT NO. : 072100000032 REFERENCE : 124972 4346117
ORDER DATE : February 4, 1999 ORDER TIME : 10:08 AM
ORDER NO. : 124972 CUSTOMER NO: 4346117 CUSTOMER: Anna Norcia, Corp Paralegal
Cobe Laboratories, Inc 1209 Quail Street Lakewood, CO 80215-4498
CHANGE OF AGENT

NAME: COMMUNITY DIALYSIS SUPPLY CORP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Jeanine Reynolds

Florida Department of State, Sandra B. Mortham, Secretary of State

* * * FILING FEE: \$35.00 * * *

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation is:

Community Dialysis Supply Corp.

2. The mailing address of the corporation is: 1185 Oak Street

Lakewood, CO 80215

3. Date of incorporation/qualification: December 19, 1988 Document number: k52140

4. The name and address of the current registered agent and office:

CT	Corporation	System
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1200	South	Pine	Islanđ	Road
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	Plantation, FL 33324	C.	-
5. The name a	and address of the new registered agent and office: (P. O. Box Not Acceptable)		B
	Corporation Service Company	SSEE	ů,
	1201 Hays Street		PW
	Tallahassee FL 32301		Ğ

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

Lynn Meyer, Assistant Secretary

(Printed or typed name and title)

(Mate)

(Date)

9

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Corporation Service Company anew (Signature of Registered Agen

If signing on behalf of an entity:

Karen E. Wehner

(Typed or Printed Name)

Assistant Vice President

Date

(Capacity)

CR2E045(3/96)