

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

FILED

Mar 10 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 # K66298 (6)  
1. Corporation Name  
BRADENTON PHYSICIANS DIALYSIS CENTER, INC.



Principal Place of Business  
250 2ND STR E  
STE 3D  
BRADENTON FL 34208  
US

Mailing Address  
510 63RD ST. NW.  
SUITE 3D  
BRADENTON FL 34209  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 510 63RD ST. NW		26		02/15/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 No SUITE NO.		27 No SUITE NO.		65-0101801	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 BRADENTON, FL		28		6. Election Campaign Financing	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 34209		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country			
25 USA		30			

9. Name and Address of Current Registered Agent

BRAXTAN, JACQUELINE B.  
250 SECOND ST., E  
SUITE 3D  
BRADENTON FL 34208

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
BRADENTON FL 34209

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

*Shequeline B. Braxtan*

(NOTE: Registered Agent signature required when reinstating)

3/2/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAXTAN, THOMAS N. III	1.2 NAME	
STREET ADDRESS	250 SECOND ST. E, STE 3D	1.3 STREET ADDRESS	510 63RD ST. NW
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAXTAN, JACQUELINE B	2.2 NAME	
STREET ADDRESS	250 SECOND ST, E STE 3D	2.3 STREET ADDRESS	510 63RD ST. NW
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GURUSWAMY RAMAMURTHY	3.2 NAME	
STREET ADDRESS	250 SECOND ST. E., STE 3D	3.3 STREET ADDRESS	510 63RD ST. NW
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

*Shequeline B. Braxtan*

3/2/98

941/795-1377

CP2E034 (10/97)