

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L00151 (5)

1. Corporation Name

TOTAL KIDNEY CARE SUPPLY SERVICE, INC.



Principal Place of Business

Mailing Address

1505 N UNIV DR
#301
CORAL SPRINGS FL 33071
US

1515 N. UNIVERSITY DR.
#301
CORAL SPRINGS FL 33071
US

3. Date Incorporated or Qualified
07/06/1989

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 7846 W. SAMPLE RD.
Suite, Apt. #, etc.

26 7846 W. SAMPLE RD.
Suite, Apt. #, etc.

4. FEI Number
65-0136367

Applied For
Not Applicable

22 City & State
23 CORAL SPRINGS, FL

27 City & State
28 CORAL SPRINGS, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip
25 33065

29 Zip
30 33065

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLOOMFIELD D.O., RACHEL M.
1505 N UNIVERSITY DR
STE 301
CORAL SPRINGS FL 33071

81 Name VELASCO, ANITA C
82 Street Address (P.O. Box Number is Not Acceptable)
7846 W. SAMPLE RD.
83 CORAL SPRINGS
84 City FL 85 Zip Code 33065

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 ANITA C. VELASCO Quita C. Velasco

DATE 1/19/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME BUSTOS, MARIO S.
STREET ADDRESS 1515 N. UNIVERSITY DR., #120
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D
NAME VELASCO, ANITA C.
STREET ADDRESS 1515 N. UNIVERSITY DR., #120
CITY-ST-ZIP CORAL SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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 its 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 in the attachment to this report.

SIGNATURE: ANITA C. VELASCO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 (951) 346-0628

DATE Daytime Phone #

CRZE034 (12/95)