

**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 # **L87348** (3)

1. Corporation Name

**DIALYSIS OF BOCA/DELRAY, INC.**



Principal Place of Business

2900 N. MILITARY TRAIL  
STE 195  
BOCA RATON FL 33431  
US

Mailing Address

2900 N. MILITARY TRAIL  
195  
BOCA RATON FL 33431  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**STEMMER CRAIG L  
2900 N. MILITARY TRAIL  
SUITE 195  
BOCA RATON FL 33431**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

07/17/1990

3a. Date of Last Report

03/14/1995

4. FEI Number

65-0209561

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

10. Name and Address of New Registered Agent

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 607.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent (if applicable)

Signature typed or printed name of registered agent

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

1. TITLE [ ] DELETE

NAME: **PD STEMMER, CRAIG L.**

STREET ADDRESS: **2900 N. MILITARY TRAIL, #195**

CITY-STATE-ZIP: **BOCA RATON FL**

TITLE: **VST** [ ] DELETE

NAME: **STEMMER, CRAIG L.**

STREET ADDRESS: **2900 N. MILITARY TRAIL #195**

CITY-STATE-ZIP: **BOCA RATON FL**

TITLE: [ ] DELETE

NAME: [ ] DELETE

STREET ADDRESS: [ ] DELETE

CITY-STATE-ZIP: [ ] DELETE

TITLE: [ ] DELETE

NAME: [ ] DELETE

STREET ADDRESS: [ ] DELETE

CITY-STATE-ZIP: [ ] DELETE

TITLE: [ ] DELETE

NAME: [ ] DELETE

STREET ADDRESS: [ ] DELETE

CITY-STATE-ZIP: [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE [ ] Change [ ] Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE [ ] Change [ ] Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE [ ] Change [ ] Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE [ ] Change [ ] Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE [ ] Change [ ] Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-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(5)(k), Florida Statutes. 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 a signature.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96

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