




FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 97 APR 21 PM 2:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000454 CENTRAL FLORIDA KIDNEY CENTER OF OSCEOLA COUNTY, I.C. 105 BONNIE LOCH CT ORLANDO FL 32806		1a. Principal Place of Business Address 105 BONNIE LOCH CT ORLANDO FL 32806		
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.				
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 04/19/1996
				3a. State of Formation FL
		4. FEI Number 59-3378605		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent MICHAEL, MAUREEN 105 BONNIE LOCH CT ORLANDO FL 32806			8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.				
SIGNATURE _____			DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)				
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code
MGRM	RENAL EQUITY CORP,	105 BONNIE LOCH CT		ORLANDO FL
MGRM	KAR, PRAN M.D.	514 W COLUMBIA ST		ORLANDO FL
MGRM	MOROS, JULIO M.D.	1130 S SEMORAN BLVD SUITE		ORLANDO FL
MGRM	PRYOR, NORMAN M.D.	85 W MILLER		ORLANDO FL
200002152392--1 -04/23/97--01092--024 ****203.75 ****203.75 				
11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.				
SIGNATURE: 			4-15-97 407-843-6110 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER				