


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 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, L.C. 105 BONNIE LOCH CT ORLANDO FL 32806			
2. Principal Place of Business		2a. Mailing Address		1a. Principal Place of Business Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		105 BONNIE LOCH CT ORLANDO FL 32806	
City & State		City & State		3. Date Organized or Qualified 04/19/1996	
Zip		Country		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 04/21/1997	
				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office	
MICHAEL, MAUREEN 105 BONNIE LOCH CT ORLANDO FL 32806				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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 <u>3-2-98</u> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
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	

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: Maureen Michael

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3-2-98 407-843-6110

Date Daytime Phone #