FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **M17769** **(4)**

1. Corporation Name

LEJEUNE DIALYSIS, INC.

Principal Place of Business	Mailing Address
C/O OSCAR GALVEZ 4338 N.W. 7 ST. MIAMI FL 33126	C/O OSCAR GALVEZ 4338 N.W. 7 ST. MIAMI FL 33126

2. Principal Place of Business 21 4338 N.W. 7th St.	2a. Mailing Address 26 1331 Broadway
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 400
City & State 23 Miami FL	City & State 28 Tacoma, WA
Zip 24 33126 Country 25	Zip 29 98402 Country 30

3. Date Incorporated or Qualified: **07/09/1985**
3a. Date of Last Report: **04/24/1995**

4. FEI Number: **59-2602309** ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

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 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature is required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☑ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GALVEZ, OSCAR		1.2 NAME	
STREET ADDRESS	4338 N.W. 7 ST.		1.3 STREET ADDRESS	see attached
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	DST	☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DUMENIGO, FEDERICO		2.2 NAME	
STREET ADDRESS	4338 NW 7 STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	DVP	☑ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GARCIA-MAYOL, LUIS		3.2 NAME	
STREET ADDRESS	4338 NW 7 ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	
TITLE	DVP	☑ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CAPOTE, PEDRO		4.2 NAME	
STREET ADDRESS	4338 NW 7 ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	
TITLE	D	☑ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ALMEIDA, MARIO		5.2 NAME	
STREET ADDRESS	5539 SW 8TH ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	
TITLE	CEO	☑ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ZAWISKI, MARK A		6.2 NAME	
STREET ADDRESS	7815 CORAL WAY 115		6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 added on an attachment with an address.

SIGNATURE: John King 4/23/96 (206) 272-1916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Corporate Officer Listing
For
Lejeune Dialysis Center, Inc.

Name	Title
Victor Chaltiel 21250 Hawthorne Blvd., Suite 800 Torrance, CA 90503	President and CEO
Leonard W. Frie 21250 Hawthorne Blvd., Suite 800 Torrance, CA 90503	Executive Vice President and COO
Mary Chambers 21250 Hawthorne Blvd., Suite 800 Torrance, CA 90503	Vice President
Barry C. Cosgrove 21250 Hawthorne Blvd., Suite 800 Torrance, CA 90503	Vice President and Secretary
Sidney Kernion 3351 Severn Avenue, Suite 303 Metairie, LA 70002	Vice President
John E. King 21250 Hawthorne Blvd., Suite 800 Torrance, CA 90503	Vice President, CFO and Assistant Secretary
Lois Mills 21250 Hawthorne Blvd., Suite 800 Torrance, CA 90503	Vice President
Stan Lindenfeld, MD 21250 Hawthorne Blvd., Suite 800 Torrance, CA 90503	Vice President
Victor Chaltiel 21250 Hawthorne Blvd., Suite 800 Torrance, CA 90503	Director
Leonard W. Frie 21250 Hawthorne Blvd., Suite 800	Director

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Torrance, CA 90503

8/10/95