


FILED

Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Mar 12 1997 8:00am Secretary of State	
DOCUMENT # M85607 (3) 1. Corporation Name DELRAY DIALYSIS ASSOCIATES, INC.					
Principal Place of Business 1300 NW 17TH AVE., SUITE 118 DELRAY BEACH FL 33445		Mailing Address 1300 NW 17TH AVE., SUITE 118 DELRAY BEACH FL 33445		3. Date Incorporated or Qualified 06/15/1988 3a. Date of Last Report 05/01/1996	
2. Principal Place of Business 21 State Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 State Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 65-0054767 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 SHEEHAN, THOMAS A.III ESQ. 625 NORTH FLAGLER DR., 9TH FLOOR WEST PALM BEACH FL 33401			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		
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, and I am, for with, and accept the obligations of Section 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS 12.1 NAME 12.2 STREET ADDRESS 12.3 CITY-STATE-ZIP 12.4 TITLE 12.5 NAME 12.6 STREET ADDRESS 12.7 CITY-STATE-ZIP 12.8 TITLE 12.9 NAME 12.10 STREET ADDRESS 12.11 CITY-STATE-ZIP 12.12 TITLE 12.13 NAME 12.14 STREET ADDRESS 12.15 CITY-STATE-ZIP 12.16 TITLE 12.17 NAME 12.18 STREET ADDRESS 12.19 CITY-STATE-ZIP 12.20 TITLE 12.21 NAME 12.22 STREET ADDRESS 12.23 CITY-STATE-ZIP 12.24 TITLE 12.25 NAME 12.26 STREET ADDRESS 12.27 CITY-STATE-ZIP 12.28 TITLE 12.29 NAME 12.30 STREET ADDRESS 12.31 CITY-STATE-ZIP 12.32 TITLE 12.33 NAME 12.34 STREET ADDRESS 12.35 CITY-STATE-ZIP 12.36 TITLE 12.37 NAME 12.38 STREET ADDRESS 12.39 CITY-STATE-ZIP 12.40 TITLE 12.41 NAME 12.42 STREET ADDRESS 12.43 CITY-STATE-ZIP 12.44 TITLE 12.45 NAME 12.46 STREET ADDRESS 12.47 CITY-STATE-ZIP 12.48 TITLE 12.49 NAME 12.50 STREET ADDRESS 12.51 CITY-STATE-ZIP 12.52 TITLE 12.53 NAME 12.54 STREET ADDRESS 12.55 CITY-STATE-ZIP 12.56 TITLE 12.57 NAME 12.58 STREET ADDRESS 12.59 CITY-STATE-ZIP 12.60 TITLE 12.61 NAME 12.62 STREET ADDRESS 12.63 CITY-STATE-ZIP 12.64 TITLE 12.65 NAME 12.66 STREET ADDRESS 12.67 CITY-STATE-ZIP 12.68 TITLE 12.69 NAME 12.70 STREET ADDRESS 12.71 CITY-STATE-ZIP 12.72 TITLE 12.73 NAME 12.74 STREET ADDRESS 12.75 CITY-STATE-ZIP 12.76 TITLE 12.77 NAME 12.78 STREET ADDRESS 12.79 CITY-STATE-ZIP 12.80 TITLE 12.81 NAME 12.82 STREET ADDRESS 12.83 CITY-STATE-ZIP 12.84 TITLE 12.85 NAME 12.86 STREET ADDRESS 12.87 CITY-STATE-ZIP 12.88 TITLE 12.89 NAME 12.90 STREET ADDRESS 12.91 CITY-STATE-ZIP 12.92 TITLE 12.93 NAME 12.94 STREET ADDRESS 12.95 CITY-STATE-ZIP 12.96 TITLE 12.97 NAME 12.98 STREET ADDRESS 12.99 CITY-STATE-ZIP 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-STATE-ZIP 13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-STATE-ZIP 13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-STATE-ZIP 13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-STATE-ZIP 13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-STATE-ZIP 13.21 TITLE 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY-STATE-ZIP 13.25 TITLE 13.26 NAME 13.27 STREET ADDRESS 13.28 CITY-STATE-ZIP 13.29 TITLE 13.30 NAME 13.31 STREET ADDRESS 13.32 CITY-STATE-ZIP 13.33 TITLE 13.34 NAME 13.35 STREET ADDRESS 13.36 CITY-STATE-ZIP 13.37 TITLE 13.38 NAME 13.39 STREET ADDRESS 13.40 CITY-STATE-ZIP 13.41 TITLE 13.42 NAME 13.43 STREET ADDRESS 13.44 CITY-STATE-ZIP 13.45 TITLE 13.46 NAME 13.47 STREET ADDRESS 13.48 CITY-STATE-ZIP 13.49 TITLE 13.50 NAME 13.51 STREET ADDRESS 13.52 CITY-STATE-ZIP 13.53 TITLE 13.54 NAME 13.55 STREET ADDRESS 13.56 CITY-STATE-ZIP 13.57 TITLE 13.58 NAME 13.59 STREET ADDRESS 13.60 CITY-STATE-ZIP 13.61 TITLE 13.62 NAME 13.63 STREET ADDRESS 13.64 CITY-STATE-ZIP 13.65 TITLE 13.66 NAME 13.67 STREET ADDRESS 13.68 CITY-STATE-ZIP 13.69 TITLE 13.70 NAME 13.71 STREET ADDRESS 13.72 CITY-STATE-ZIP 13.73 TITLE 13.74 NAME 13.75 STREET ADDRESS 13.76 CITY-STATE-ZIP 13.77 TITLE 13.78 NAME 13.79 STREET ADDRESS 13.80 CITY-STATE-ZIP 13.81 TITLE 13.82 NAME 13.83 STREET ADDRESS 13.84 CITY-STATE-ZIP 13.85 TITLE 13.86 NAME 13.87 STREET ADDRESS 13.88 CITY-STATE-ZIP 13.89 TITLE 13.90 NAME 13.91 STREET ADDRESS 13.92 CITY-STATE-ZIP 13.93 TITLE 13.94 NAME 13.95 STREET ADDRESS 13.96 CITY-STATE-ZIP 13.97 TITLE 13.98 NAME 13.99 STREET ADDRESS 13.100 CITY-STATE-ZIP					
14. I 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 contained 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. 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 on Page 12 or back 13 if changed, or on an attachment with an address.					
SIGNATURE: _____ DATE: 3/6/97 (561) 276-4110					