


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90104 003 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000006309					
1. Corporation Name KIDNEY KIDS OF CENTRAL FLORIDA, INC.					
Principal Place of Business 423 ALSTON DRIVE ORLANDO FL 32835			Mailing Address P O BOX 616571 ORLANDO FL 32861 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 PO Box 450984 27 Kissimmee, Florida 28 34745-0984 Osceola 29 Zip Country 30		3. Date Incorporated or Qualified 11/07/1997 4. FEI Number 59-3479851 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent DOYLE BOEHM, DELIA 5 SPRINGWOOD TRAIL ORMOND BEACH FL 32174				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			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	BUSLOVICH, LINDA		1.2 NAME	Jeanette Rodriguez			
STREET ADDRESS	423 ALTON DRIVE		1.3 STREET ADDRESS	512 Cedar Bend Circle Apt. 102			
CITY-ST-ZIP	ORLANDO FL 32835		1.4 CITY-ST-ZIP	Orlando, FL 32825			
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	2VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	WOOLERY, FAYE		2.2 NAME	Michele Rathmann			
STREET ADDRESS	329 BLUE BAYOU DR.		2.3 STREET ADDRESS	5342 Falling Water Drive.			
CITY-ST-ZIP	KISSIMMEE FL 34743		2.4 CITY-ST-ZIP	Orlando, FL 32818			
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WOOLERY, PAUL		3.2 NAME				
STREET ADDRESS	329 BLUE BAYOU DR.		3.3 STREET ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL 34743		3.4 CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DOYLE BOEHM, DELIA		4.2 NAME				
STREET ADDRESS	5 SPRINGWOOD TRAIL		4.3 STREET ADDRESS				
CITY-ST-ZIP	ORMOND BEACH FL 32174		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pauline Doyle Boehm*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-99 (407) 348-7492
Date Daytime Phone #

CR2E037 (11/98)