

REFERENCE

786180

5030952

AUTHORIZATION

COST LIMIT \$ 35.00

ORDER DATE: August 3, 2000

ORDER TIME : 10:22 AM

ORDER NO. 786180

CUSTOMER NO:

5030952

CUSTOMER: Mr. Andrew I. Lewis

Phillips, Eisinger, Koss,

Suite 265 South

4000 Hollywood Boulevard

Hollywood, FL 33021

000003345160-

CHANGE OF AGENT

NAME:

DIALYSIS PHARMACY SERVICES,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON:

Kim Clemons

THE STEW WINDS

00 FUE -3 AM II: 30

BECEINED

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. DIALYSIS PHARMACY SERVICES, INC. 1a. The name of the corporation is: _ 160 N.W. 176th Street, Suite 400 1b. The mailing address of the corporation is: Miami, Florida 33169 P00000055441 May 30, 2000 1c. Date of incorporation: Document number: The name and address of the current registered agent and office: LARRY LEGEL 5100 N. Federal Highway, Suite 409 Fort Lauderdale, FLorida 33308 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) JOSE I. LOPEZ 160 N.W. 176th Street, Suite 400 Miami, FLorida 33169 The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. 7/28/00 (Signature of an officer, chairman of the board) JOSE I. LOPEZ, President (Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. gnature of Registered Acend If signing on behalf of an entity: (Typed or Printed Name) (Capacity)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$35.00