


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91251 020 ***150.00

DOCUMENT # P03000037775	
1. Entity Name DIALYSIS ON DEMAND INC.	

Principal Place of Business 3200 S ANDREWS AVE STE 115 FT LAUDERDALE, FL 33316-4122	Mailing Address 3200 S ANDREWS AVE STE 115 FT LAUDERDALE, FL 33316-4122
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



04262004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent GARCIA, CARLOS 3200 S ANDREWS AVE STE 115 FT LAUDERDALE, FL 33316-4122	
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4. FEI Number BV 33 - 1051826	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name Michael W. Graham	
Street Address (P.O. Box Number is Not Acceptable) 3200 S. Andrews Ave STE 115	
City Ft. Lauderdale, FL	Zip Code 33316-4122

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michael W. Graham (President) Michael W. Graham 4/30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE PIVIT/CEO/CM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRAHAM, MICHAEL W		NAME Michael W. Graham	
STREET ADDRESS 17820 NE 10 AVE		STREET ADDRESS 3200 S. Andrews Ave, STE 115	
CITY-ST-ZIP NORTH MIAMI BEACH, FL 331621279		CITY-ST-ZIP Ft. Lauderdale, FL 33316-4122	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael W. Graham (President) Michael W. Graham 4/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

(954) - 527 - 3852