2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004
Secretary of State

DOCUMENT# P03000049566

Entity Name: UNITED DIALYSIS, INC.

Current Principal Place of Business:

54 N.E. 4TH AVENUE
DELRAY BEACH, FL 33483

New Principal Place of Business:

2900 N MILITARY TRAIL
SUITE 195
BOCA RATON, FL 33431

Current Mailing Address:

54 N.E. 4TH AVENUE
DELRAY BEACH, FL 33483

New Mailing Address:

2900 N MILITARY TRAIL
SUITE 195
BOCA RATON, FL 33431

FEI Number: 13-4250354 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONAGHAN, TIMOTHY
STRAWN, MONAGHAN & COHEN, P.A.
54 N.E. 4TH AVENUE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: STEMMER, CRAIG L
Address: 2900 NORTH MILITARY TRAIL, SUITE 195
City-St-Zip: BOCA RATON, FL 334812302

Title: D ( ) Delete
Name: RUBACK, SETH
Address: 2900 NORTH MILITARY TRAIL, SUITE 195
City-St-Zip: BOCA RATON, FL 334812302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: STEMMER, CRAIG L
Address: 2900 NORTH MILITARY TRAIL, SUITE 195
City-St-Zip: BOCA RATON, FL 33431

Title: D (X) Change ( ) Addition
Name: RUBACK, SETH
Address: 2900 NORTH MILITARY TRAIL, SUITE 195
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG L STEMMER MD 02/11/2004

Electronic Signature of Signing Officer or Director — Date