2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004
Secretary of State

DOCUMENT# P03000064547

Entity Name: ACUTE DIALYSIS, INC.

Current Principal Place of Business:

1300 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308

New Principal Place of Business:

PO BOX 15052
TALLAHASSEE, FL 32317

Current Mailing Address:

PO BOX 15052
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EARLY, E. GARY
215 SOUTH MONROE STREET SUITE 701
TALLAHASSEE, FL 32301 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: PS ( ) Delete
Name: HARPER, MARIE R
Address: 3028 PASTUREWOOD LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: VT ( ) Delete
Name: PARKER, JUDITH
Address: 3621 KIMMER ROWE DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: O ( ) Change (X) Addition
Name: PARKER, DAVID
Address: 3621 KIMMER ROWE DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: O ( ) Change (X) Addition
Name: EARLY, SUE
Address: 3691 LAKE CHARLES DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: O ( ) Change (X) Addition
Name: HANSEN, GARY
Address: 1609 PHYSICIANS DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

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: JUDITH PARKER VP 03/29/2004

Electronic Signature of Signing Officer or Director — Date