FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 15 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000022418 (6)

1. Corporation Name
EAST ORLANDO DIALYSIS, INC.

Principal Place of Business	Mailing Address
3885 OAKWATER CIRCLE ORLANDO FL 32806	3885 OAKWATER CIRCLE ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/16/1993
3a. Date of Last Report: 02/23/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3172504 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOLT, SHAMUS M
3885 OAKWATER CIRCLE
ORLANDO FL 32806

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	HOLCOLM, ALLEN K	1.2 NAME		
STREET ADDRESS	3885 OAKWATER CIRCLE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	Secretary/Director	☒ Change ☐ Addition
NAME	STONEROCK, ROBERT F JR.	2.2 NAME	Robt. F. Stonerock, Jr.	
STREET ADDRESS	3885 OAKWATER CIRCLE	2.3 STREET ADDRESS	3885 Oakwater Cir.	
CITY-ST-ZIP	ORLANDO FL 32806	2.4 CITY-ST-ZIP	Orlando FL 32806	
TITLE	D	3.1 TITLE	President/Director	☒ Change ☐ Addition
NAME	MARBURY, THOMAS C	3.2 NAME	Thomas C. Marbury	
STREET ADDRESS	3885 OAKWATER CIRCLE	3.3 STREET ADDRESS	3885 Oakwater Cir.	
CITY-ST-ZIP	ORLANDO FL 32806	3.4 CITY-ST-ZIP	Orlando FL 32806	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	ABBOTT, LIONEL C	4.2 NAME		
STREET ADDRESS	3885 OAKWATER CIRCLE	4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	PRINCE, TIMOTHY L	5.2 NAME		
STREET ADDRESS	3885 OAKWATER CIRCLE	5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	HOLT, SHAMUS M	6.2 NAME		
STREET ADDRESS	3885 OAKWATER CIRCLE	6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shamus Holt 3/8/95 (407)438-9510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Shamus M. Holt

0667400 CP