

.FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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PROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000038433 (7)
 1. Corporation Name
FLAMINGO PARK KIDNEY CENTER, INC.



Principal Place of Business 7815 CORAL WAY #115 MIAMI FL 33155	Mailing Address 7815 CORAL WAY #115 MIAMI FL 33155
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/28/1993	3a. Date of Last Report 04/25/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0431823	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Zip 29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Country 25	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV ZAWISKI, MARK	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7815 CORAL WAY #115	1.2 NAME	
STREET ADDRESS	MIAMI FL 33155	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	CEO ZAWISKI, MARK	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7815 CORAL WAY #115	2.2 NAME	
STREET ADDRESS	MIAMI FL 33155	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DP GALVEZ, OSCAR G	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7815 CORAL WAY #115	3.2 NAME	
STREET ADDRESS	MIAMI FL 33155	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DST DUMENIGO, FEDERICO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7815 CORAL WAY #115	4.2 NAME	
STREET ADDRESS	MIAMI FL 33155	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DV ALMEIDA, MARIO	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7815 CORAL WAY #115	5.2 NAME	
STREET ADDRESS	MIAMI FL 33155	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DV GARCIA-MAYOL, LUIS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7815 CORAL WAY #115	6.2 NAME	
STREET ADDRESS	MIAMI FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

see attached

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)(k), 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 in attachment with an address.

SIGNATURE: *[Signature]* John King 4/23/96 (206) 272-1910

CR2E034 (12/95)

**Corporate Officer Listing
For
Flamingo Park Kidney Center, Inc.**

<u>Name</u>	<u>Title</u>
Victor Chaltiel 21250 Hawthorne Blvd., Suite 800 Torrance, CA 90503	President and CEO
Leonard W. Frie 21250 Hawthorne Blvd., Suite 800 Torrance, CA 90503	Executive Vice President and COO
Mary Chambers 21250 Hawthorne Blvd., Suite 800 Torrance, CA 90503	Vice President
Barry C. Cosgrove 21250 Hawthorne Blvd., Suite 800 Torrance, CA 90503	Vice President and Secretary
Sidney Kernion 3351 Severn Avenue, Suite 303 Metairie, LA 70002	Vice President
John E. King 21250 Hawthorne Blvd., Suite 800 Torrance, CA 90503	Vice President, CFO and Assistant Secretary
Lois Mills 21250 Hawthorne Blvd., Suite 800 Torrance, CA 90503	Vice President
Stan Lindenfeld, MD 21250 Hawthorne Blvd., Suite 800 Torrance, CA 90503	Vice President
Victor Chaltiel 21250 Hawthorne Blvd., Suite 800 Torrance, CA 90503	Director
Leonard W. Frie 21250 Hawthorne Blvd., Suite 800	Director

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Torrance, CA 90503

8/10/95