

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 1331 BROADWAY SUITE 400 TACOMA WA 98402-3416 US
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
Country	Country
24	29
25	30

3. Date Incorporated or Qualified 05/28/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0431823	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input 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

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

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	CHALTEL, VICOTR	
STREET ADDRESS	21250 HAWTHORNE BLVD SUITE 800	
CITY-ST-ZIP	TORRANCE CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FRIE, LEONARD	
STREET ADDRESS	21250 HAWTHORNE BLVD SUITE 800	
CITY-ST-ZIP	TORRANCE CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHAMBERS, MARY	
STREET ADDRESS	21250 HAWTHORNE BLVD SUITE 800	
CITY-ST-ZIP	TORRANCE CA	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	COSGROVE, BARRY C	
STREET ADDRESS	21250 HAWTHORNE BLVD SUITE 800	
CITY-ST-ZIP	TORRANCE CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KERNION	
STREET ADDRESS	3351 SEVERN AVENUE, SUITE 303	
CITY-ST-ZIP	METAIRIE LA	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	KING, JOHN E	
STREET ADDRESS	21250 HAWTHORNE BLVD SUITE 800	
CITY-ST-ZIP	TORRANCE CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LINDENFELD, STAN	
1.3 STREET ADDRESS	21250 HAWTHORNE BLVD., SUITE 800	
1.4 CITY-ST-ZIP	TORRANCE, CA 90503	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplementary 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 _____

CR2E034 (9/96)