

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 02, 1999 8:00 am**  
**Secretary of State**

08-02-1999 90003 013 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P93000038433

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 US

DO NOT WRITE IN THIS SPACE

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

3. Date incorporated or Qualified: 05/28/1993  
 4. FEI Number: 65-0431823  
 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 owes the current year Intangible Personal Property: Yes 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	CHALTIEL, 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 checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	President & Chief Operating <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	George B. DeHuff III
3.3 STREET ADDRESS	21250 Hawthorne Blvd Ste. 800
3.4 CITY-ST-ZIP	Torrance, CA
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 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 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: *[Handwritten Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0122725

CR2E034 (5/99)