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 -3 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000041900 (0)

1. Corporation Name

MIAMI BEACH KIDNEY CENTER, INC.

Principal Place of Business	Mailing Address
1190 NW 95TH ST SUITE 208 MIAMI FL 33150	C/O FLORIDA REGISTERED AGENTS, INC. 100 SE 2ND ST., SUITE 3600 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	06/14/1993
3a. Date of Last Report	05/01/1994
4. FEI Number	~~APPLIED FOR~~ 65-0504513 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26 ~~c/o George R. Richards, P.A.~~ 701 Brickell Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. Suite 1200
23 City & State	28 City & State Miami, FL
24 Zip / 25 Country	29 Zip 33131 / 30 Country USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLORIDA REGISTERED AGENTS, INC. 100 SE 2ND ST SUITE 3600 MIAMI FL 33131	81 Name: George R. Richards, P.A. 82 Street Address (P.O. Box Number is Not Acceptable): 701 Brickell Ave 83 Suite 1200 84 City: Miami FL 85 Zip Code 33131

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 George R. Richards, Pres. 1/30/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1 1 TITLE ☐ Change ☐ Addition
NAME	RUTECKI, GERALD	1 2 NAME
STREET ADDRESS	1190 NW 95TH ST SUITE 208	1 3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33150	1 4 CITY-ST-ZIP
TITLE	D	2 1 TITLE ☐ Change ☐ Addition
NAME	PRESSER, JORGE	2 2 NAME
STREET ADDRESS	1190 NW 95TH ST SUITE 208	2 3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33150	2 4 CITY-ST-ZIP
TITLE	D	3 1 TITLE ☐ Change ☐ Addition
NAME	MORDUJOVICH, JORGE	3 2 NAME
STREET ADDRESS	1190 NW 95TH ST SUITE 208	3 3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33150	3 4 CITY-ST-ZIP
TITLE	D	4 1 TITLE ☐ Change ☐ Addition
NAME	FRANKFURT, SEYMOUR	4 2 NAME
STREET ADDRESS	1190 NW 95TH ST SUITE 208	4 3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33150	4 4 CITY-ST-ZIP
TITLE		5 1 TITLE ☐ Change ☐ Addition
NAME		5 2 NAME
STREET ADDRESS		5 3 STREET ADDRESS
CITY-ST-ZIP		5 4 CITY-ST-ZIP
TITLE		6 1 TITLE ☐ Change ☐ Addition
NAME		6 2 NAME
STREET ADDRESS		6 3 STREET ADDRESS
CITY-ST-ZIP		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 the 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: Jorge I. Presser 2/28/95 305-651-2633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0127060 CP