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 APR 20 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000045843 (8)**

1. Corporation Name
ESRD DIAGNOSTICS, INC.

Principal Place of Business	Mailing Address
3260 NW 23RD AVE SUITE 900 POMPANO BEACH FL 33069	3260 NW 23RD AVE SUITE 900 POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/29/1993**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business	2a. Mailing Address
21 2301 W. SAMPLE RD.	26 2301 W. SAMPLE RD.
Suite, Apt. #, etc. 22 BLDG 4 SUITE 2A	Suite, Apt. #, etc. 27 BLDG 4 SUITE 2A.
City & State 23 POMPANO BEACH, FL.	City & State 28 POMPANO BEACH, FL.
Zip / County 24 33073 / 25 USA	Zip / County 29 33073 / 30 USA

4. FEI Number: **65-0420810** ☐ 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 validly elected to be taxed as an "S" corporation under Subchapter S of the Internal Revenue Code. Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GOLDSSTEIN MICHAEL % ESRD DIAGNOSTICS, INC. 3260 N.W. 23 AVE., SUITE 900 POMPANO FL 33069	81 Name: GOLDSTEIN, MICHAEL, % ESRD. 82 Street Address (P.O. Box Number is Not Acceptable): 2301 W. SAMPLE RD. 83 BLDG 4, SUITE 2A. 84 City: POMPANO BEACH FL 85 Zip Code: 33073

11. Pursuant to the provisions of Section(s) 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: _____ (NOTE: Registered Agent signature required) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ARTHUR, JERRY	12 NAME	
STREET ADDRESS	1599 NE 23RD TERRACE	13 STREET ADDRESS	
CITY ST ZIP	JENSEN BEACH FL 34957	14 CITY ST ZIP	
	DELETE. (DECEASED)		
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HALL, KENNETH J	22 NAME	
STREET ADDRESS	6906 N GRANDE DR	23 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL 33433	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GOLDSTEIN, MICHAEL P	32 NAME	
STREET ADDRESS	22047 MARTELLA AVE	33 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL 33433	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: Kenneth Jay Hall, Dir. 1/ Date 305 979 0877 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR
KENNETH JAY HALL

0112670 CP