FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

~~1995~~ 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000055224

1. Corporation Name

Elysium Dialysis Center Inc

Principal Place of Business / Mailing Address

2600 N.W. 5th Avenue
Boca Raton Florida 33431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2600 NW 5th Ave
Suite, Apt. #, etc.
22
City & State
23 Boca Raton Fla
Zip
24 33431
Country
25

2a. Mailing Address

26 2600 NW 5th Avenue
Suite, Apt. #, etc.
27
City & State
28 Boca Raton Fla
Zip
29 33431
Country
30

3. Date Incorporated or Qualified: August 5 1993

3a. Date of Last Report: 1995

4. FEI Number: 65-0425551 — 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 / [X] No

9. Name and Address of Current Registered Agent

John L Fiorilla
2600 N.W. 5th Avenue
Boca Raton Fla 33431

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 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	President / Director
NAME	John L Fiorilla
STREET ADDRESS	2600 NW 5th Ave.
CITY - ST - ZIP	Boca Raton Fla 33431
TITLE	Vice Pes - Treas / Director
NAME	John Fiorilla
STREET ADDRESS	2600 NW 5th Ave
CITY - ST - ZIP	Boca Raton Fla 33431
TITLE	Secretary / Director
NAME	Mary Fiorilla
STREET ADDRESS	2600 NW 5th Ave
CITY - ST - ZIP	Boca Raton Fla 33431
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		Change / Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE		Change / Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		Change / Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		Change / Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		Change / Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		Change / Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

6/10 37

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***225.00

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: X Mary Fiorilla Secy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 5/17/96 — Daytime Phone #: 407-368-6222

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