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 MAY -1 AM 9:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000062154 (8)

1. Corporation Name
HEALTHINFUSION DIALYSIS, INC.

Principal Place of Business
5200 BLUE LAGOON DR.
SUITE 200
MIAMI FL 33126

Mailing Address
5200 BLUE LAGOON DR.
SUITE 200
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/07/1993
3a. Date of Last Report: 07/01/1994
4. FEI Number: 59-2228272 — 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
21: 1121 ALDERMAN DR.
Suite, Apt. #, etc.
22:
City & State
23: ALPHARETTA, GA
Zip
24: 30202
Country
25:

2a. Mailing Address
26: 1121 ALDERMAN DR.
Suite, Apt. #, etc.
27:
City & State
28: ALPHARETTA, GA
Zip
29: 30202
Country
30:

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GILMAN, MILES E
STREET ADDRESS	5200 BLUE LAGOON DR., STE. 200
CITY-ST-ZIP	MIAMI FL 33126

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT, COO	☒ Change ☒ Addition
12 NAME	PATRICK J. FORTUNE	
13 STREET ADDRESS	1125 17TH STREET, STE 1500	
14 CITY-ST-ZIP	DENVER, CO 80202	
21 TITLE	SECRETARY, CFO	☒ Change ☒ Addition
22 NAME	SAM R. LENO	
23 STREET ADDRESS	1125 17TH STREET, STE 1500	
24 CITY-ST-ZIP	DENVER, CO 80202	
31 TITLE	VP TREASURER	☒ Change ☒ Addition
32 NAME	RICHARD SMITH	
33 STREET ADDRESS	1125 17TH STREET, STE 1500	
34 CITY-ST-ZIP	DENVER CO 80202	
41 TITLE	CEO	☒ Change ☒ Addition
42 NAME	JAMES M. SWEENEY	
43 STREET ADDRESS	1125 17TH STREET, STE 1500	
44 CITY-ST-ZIP	DENVER, CO 80202	
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		

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: Richard M. Smith — RICHARD M. SMITH, VICE PRESIDENT, TREASURY & TAX — 4/26/95 — 303 292 4973

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

0123847 CR