CAPITAL CONNECTION, INC.	o!
.: 417 E. Virginia St., Suite I. Tallahasse Fl. 12301. (904)224.8870	RE: Dialusis W
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302 TOLL FREE No. 1-800-342-8062	RE: Dialysis margen
FAX (904) 222-1222	Cocaration
	4
	C.C. FEE. DISBURSED
NME ( )	Capital Option
	Corp. Foccy Sear
DIR SS	— Lld. P In Ship File —
	Four in our File
PHONE )	Art. of Amend. File
, ' [	Dissolution/Withdrawal -01/06/9501002006
Service: To Priority Regular Two Day Service Two Day Service	Fictitious Name File
==/==/	
To us via Return via	Name Reservation
A Antion Blood	Annual Report/Reinstatement Reg. Agent Service
Matter No.: Express Mail No	Document Filing
Signe Fee \$Our \$	
Our \$	Corporate Kit Vehicle Search
	Driving Record
	Document Retrieval
	3 25
	UCC 1 or 3 File C
	UCC 11 Search
	File No.'s, Copies 5 5
	Courler Service 37 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	Phone ( )
	Top Priority
	Express Mail Prep.
	—— FAX ( ) pgs.
	SUBTOTALS CONTRACTOR OF THE SUBTOTALS
	FEE. S
	(2 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =
	DISBURSED
MAN DCh	SURCHARGE
Tan 6 1995 BSB	TAX on corporate supplies \$
	20
QUEST TAKEN CONFIRMED APPROVED	SUBTOTAL \$
TE	PREPAID \$
E CK No	
AAY	BALANCE DUE\$
KAN 1 1 12 M	Please remit invoice number with payment

11-2529-7 PONDER'S INC., THOMASVILLE, GA.

1 1/2% per month on Past Due Amounts Past 30 Days, 18% per Annum.

THANK YOU from Your Capital Connection

# ARTICLES OF INCORPORATION FILED AND 10: 00

OF

## DIALYSIS MANAGEMENT CORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I: NAME

The name of the corporation is DIALYSIS MANAGEMENT CORPORATION.

#### ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 3114 Flagler Avenue, Key West, FL 33040.

#### ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of one dollar (\$1.00) per share.

#### ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Michael L. Browning, 402 Appelrouth Lane, Key West, FL 33040.

#### ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of the Lembe of the initial Board of Directors of the corporation is William R. Prince, 3114 Flagler Avenue, Key West, FL 33040.

The undersigned has executed these Articles of Incorporation this 6th day of January, 1995.

Capital Connection, Inc.

Barbara Neeley - President

Incorporator

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE FILED

95 JAN -6 AH 10: 00

Pursuant to the provisions of section 607.0501 ARFIORIDA.
Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is:  DIALYSIS MANAGEMENT CORPORATION								
2. The name office is:	and street address of the registered agent and Michael L. Browning							
· ·	402 Appelrouth Lane							
	Key West, Florida 33040							

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I PURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

- Ant MM

### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

#### **APPLICATION** FOR REINSTATEMENT



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED

**DOCUMENT #** 

P95000001361

95 OCT 14 AM 7: 36

1 Corporat in Namo

DIALYSIS MANAGEMENT CORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

10/10/96 (305))94-

2114 FLAGLER AVE KEY WEST FL 33040			3114 FLAGLER AVE KEY WEST FL 33010							
H about fit	idiossos ero	incorrect in any way line th	rough incorrect in	formation a	and enter con	rection t elow.	RFINS	MAHAM	<b>LNI</b>	
If above addresses are incorrect in any way, line through incorrect into 2. New Principal Office Address, II Applicable 3. New Mailin		g Office Address, If Applicable		4. Date incorporated or Qualified To Do Business in Florida 01/06/1995		1995				
Suite, Apt. #, etc. Suite, Apt. #,			, olu.			5. FEI Number			Applied For	
City & State City & Sta			City & State	,			65-0546206   Not Applied			Not Applicable
Zip	Zip Country Zip		Zip	Country			CERTIFICATE OF STATUS DESIRED			
7 Names a	and Street Ad	tresses of Ench Officer and	I/or Director (Flor	nda nonpro	olit corporatio	ns must list at le	ast 3 directors)			
Name of Officera Title(s) Name of Officera and/or Directors			Street Address of Ea Officer and/or Direct 3 (De NOT Use Post Office Box			City / State / Zip			lip	
D	PRINCE, WILLIAM R			3114 FLAGLER AVE				KEY WEST FL 33040		
								10/22/ -10/22/ ****37	7960100 75.00 **	3-007 **375.00
ļ <del></del> -	8 Na	me and Address of Currer	1 Registered Ag	ent	1		9. Name and	Address of New R	egistered Agen	1
KEY WEST FL 33040 926 Suite, Apt. W.					Alber Street Audress 926 To Suite, Apt. W. E	West State Zip Code FL 33040				
Signature		the registered agent of the a	bovo named corp	- ; ; ;	n familiar with	and accept the	of Secondary tr	Date	-2-96	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)										
this re	instatement a	n officer or director or the re application, the reason for d ation have been paid and to s true and accurate, and m	ssoution has been	iduals listor	d on this form	do not qualify t	for an exemption u	hapter 607 or 617, F its of section 607.04 inder section 119.07	F.S. I further cert 01 or 617.0401, 7(3)(i), F.S. The	ity that when filing F.S., that all fees information indicated

William R. Prince

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR