

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra R. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000011452

1. Corporation Name

Renex Dialysis Homecare of Tampa, Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2/8/95

4. FEI Number

59-3329674

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 3614 W. Kennedy Blvd.

Suite, Apt. #, etc.

22 City & State

23 Tampa, Fl.

24 Zip

33609

Country

25 USA

2a. Mailing Address

26 2100 Ponce de Leon

Suite, Apt. #, etc.

27 #950

28 City & State

Coral Gables, Fl.

29 Zip

33134

Country

30 USA

9. Name and Address of Current Registered Agent

Bauman, Bryan W.
2222 Ponce de Leon Blvd.
Suite 600
Coral Gables, Fl. 33134

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 in printed name of registered agent or officer of corporation

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President and CEO
NAME James P. Shea
STREET ADDRESS 2100 Ponce de Leon Blvd., #950
CITY-ST-ZIP Coral Gables, Fl. 33134

DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change

Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change

Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
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4.1 TITLE
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28.4 CITY-ST-ZIP

Change

Addition

29.1 TITLE
29.2 NAME
29.3 STREET ADDRESS
29.4 CITY-ST-ZIP

Change

Addition

SIGNATURE: *[Signature]* - Controller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/98

(305) 448-2044

CR2E034 (10/97)