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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90102 012 ***150.00

DOCUMENT # P95000046164

1. Corporation Name

NORTH ORLANDO DIALYSIS, INC.

Principal Place of Business	Mailing Address
3885 OAKWATER CIRCLE ORLANDO FL 32806	3885 OAKWATER CIRCLE ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
06/07/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		**59-3322417**	Not Applicable

Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22		27			

City & State		City & State		6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
23		28			

Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24	25	29	30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
HOLT, SHAMUS M 3885 OAKWATER CIRCLE ORLANDO FL 32806	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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ABBOTT, LIONEL C		1.2 NAME		
STREET ADDRESS	3885 OAKWATER CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOLT, SHAMUS M M.B.A.		2.2 NAME		
STREET ADDRESS	3885 OAKWATER CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARBURY, THOMAS C M.D.		3.2 NAME		
STREET ADDRESS	3885 OAKWATER CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PRINCE, TIMOTHY L M.D.		4.2 NAME		
STREET ADDRESS	3885 OAKWATER CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	STONEROCK, ROBERT F JR.		5.2 NAME		
STREET ADDRESS	3885 OAKWATER CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, MARK M.D.		6.2 NAME		
STREET ADDRESS	3885 OAKWATER CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32806		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: _____

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

CR2E034 (11/98)