

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000047906 (9)

1. Corporation Name

NEW SMYRNA BEACH DIALYSIS, INC.



Principal Place of Business

Mailing Address

~~4000 HOLLYWOOD BLVD.~~
~~SUITE 485 SOUTH~~
~~HOLLYWOOD FL 33021~~

~~4000 HOLLYWOOD BLVD.~~
~~SUITE 485 SOUTH~~
~~HOLLYWOOD FL 33021~~

2. Principal Place of Business

2a. Mailing Address

21 2 S. University Dr

26 2 S. University Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #110

27 #110

City & State

City & State

23 Plantation FL

28 Plantation FL

Zip

Zip

Country

Country

24 33324

25 USA

29 33324

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/20/1995

3a. Date of Last Report

4. FEI Number

59-3320732

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

10. Name and Address of New Registered Agent

KAHN, HOWARD N
4000 HOLLYWOOD BLVD.
SUITE 485 SOUTH
HOLLYWOOD FL 33021

81 Name

Vicki Burrier

82 Street Address (P.O. Box Number is Not Acceptable)

2 S. University Dr #110

83

84 City

Plantation

FL

85 Zip Code

33324

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

Vicki Burrier

1/29/96

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME KAHN, HOWARD N
STREET ADDRESS 4000 HOLLYWOOD BLVD. SUITE 485 SOUTH
CITY-STATE-ZIP HOLLYWOOD FL 33021

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CITY-STATE-ZIP

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CITY-STATE-ZIP

1.1 TITLE President
1.2 NAME Lawrence R. Spira, M.D.
1.3 STREET ADDRESS 2 South University Dr., Suite 110
1.4 CITY-STATE-ZIP Plantation, Florida 33324

2.1 TITLE Secretary
2.2 NAME Vicki Burrier
2.3 STREET ADDRESS 2 South University Dr., Suite 110
2.4 CITY-STATE-ZIP Plantation, Florida 33324

3.1 TITLE Treasurer
3.2 NAME Lawrence R. Spira, M.D.
3.3 STREET ADDRESS 2 South University Dr., Suite 110
3.4 CITY-STATE-ZIP Plantation, Florida 33324

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(k), 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:

Vicki Burrier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96

Date

(954) 474-7701

Daytime Phone #

CR2E034 (12/95)