2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Mar 03, 2004 08:00 AM Secretary of State

Daytime Phone #

DOCUMENT # P95000080902 1. Extry Maries LAKE DIALYSIS CENTER - LEESBURG, INC. Principle Flow of Business Mailing Address P.O. BOX 8 P.O. BOX 8 P.O. BOX 8 MOUNT DORA, FL 32756			ILLI OILI			<u> </u>	CC	
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RICE_JOHN S. C.P.A. 627 N. DONNELLY ST. MOUNT DORA, FL 32767 B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fonda. Tem lamillar with, and accept the obligations of registered agent. SIGNATURE Blauton, hope of producting of registered agent. FILE NOWITI FEE IS \$150,00 After May 1, 2004 Fee will be \$550,00 After May 1, 2004 Fee will be \$550,00 After May 1, 2004 Fee will be \$550,00 D. OFFICESAND DIFFECTORS DOMS, JOHN D STRET ALDRESS DOOMS, JOHN D STRET ALDRESS DONNS, JOHN D STRET ALDRESS CITY 51-2P DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE IN THIS SPACE IN THIS SPACE IN THIS SPACE 12. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 1927(DY), Fiorida Statedurks, I further certify that pre-information of the repression of the corporation of the received of chackers of the corporation of the received of trucker amplication of the received of trucker and making the received of the corporation of the received of the corporatio				CE	02062004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For S9-3347487 Not Applied For Not Ap			
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