

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

**APPROVED
AND
FILED**

1997 JUL -3 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000054128
1. Corporation Name
JERSEY CITY DIALYSIS CENTER, INC.

Principal Place of Business	Mailing Address
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2. Principal Place of Business 21 7061 CYPRESS ROAD Suite, Apt. #, etc. 22 SUITE 104 City & State 23 PLANTATION, FL Zip 24 33317-2243	2a. Mailing Address 26 7061 CYPRESS ROAD Suite, Apt. #, etc. 27 SUITE 104 City & State 28 PLANTATION, FL Zip 29 33317-2243	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 6/25/96	3a. Date of Last Report NONE
4. FEI Number 65-0740003	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name	VICKI BURRIER		
				82 Street Address (P.O. Box Number is Not Acceptable)	7061 CYPRESS ROAD		
				83	SUITE 104		
				84 City	PLANTATION	FL	85 Zip Code 33317-2243

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* DATE **5/28/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D P LAWRENCE R. SPIRA
1.3 STREET ADDRESS	7061 CYPRESS ROAD, SUITE 104
1.4 CITY - ST - ZIP	PLANTATION, FL 33317-2243
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V S VICKI BURRIER
2.3 STREET ADDRESS	7061 CYPRESS ROAD, SUITE 104
2.4 CITY - ST - ZIP	PLANTATION, FL 33317-2243
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	400002234204--8
4.4 CITY - ST - ZIP	-07/09/97--01104--013
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	****165.00 ****165.00
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Vicki Burrier* DATE: **5/28/97** DAYTIME PHONE: **954-474-7701**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)