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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

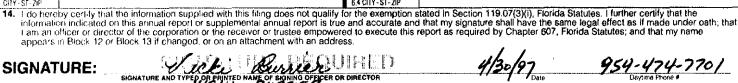
DOCUMENT # P96000087285 (8)

FORT LAUDERDALE DIALYSIS FACILITY CORP.

Principal Place of Business Mailing Address 7081 CYPRESS ROAD 7081 CYPRESS ROAD SUITE 104 SUITE 104 PLANTATION FL 33317 PLANTATION FL 33317-2243				,				
					 Date Incorporated or Qualified 10/23/1996 	3a. Date	e of Last Re	eport
·,	lace of Business	2a. Mailing Addr	ess		4. FEI Number		Ap	plied For
21		26			65-0714200	<u> </u>		t Applicable
Suite, Apt	#, etc.	Suite, Apt #	, etc.		5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Stat	6	City & State			6. Election Campaign Financing	·	\$5.00	
23		28			Trust Fund Contribution		Added t	
Ζφ	Country	Zip	Coui	ıtry	8. This corporation has liability for			. 199.032,
24	25 9. Name and Address of Cur	29	30		Florida Statutes 10. Name and Address of New Re		No	
KAL		Telli negisteled Agelit		B1 Name,	IV. Hame and Address of New Ac	Aistoida Vi	2011	
-KAHN, HOWARD N				Vì	cki Burrier			
4000 HOLLYWOOD BLVD:				82 Street Ad	dress (P.O. Box Number is Not Acceptal	ole)		
				83	ite Inu	<u> </u>		
			<u> </u>	84 City O	lantation	FL	85 Zip (Code 317
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Flori	da Statutes, the ab	ove-named co	progration submits this statement for the	ourpose of c	hanging it	s registered
office or i	registered agent, or both, in the St im familiar with, and accept the o li	ate of Fiorigia. Such char aligations of, Section 607	ige was authorized .0505, Florida Stati	i by the corpoi ites.	ration's board of directors. I hereby acce	pt the appoi	intment as	registered
SIGNATURE	Link Bu	IBBION			4/	30/9	7	
SIGIVATORE	Signature, typed or printed name of registered	l agent and title if applicable.	(NOTE: Registered	Agent signature rec	quired when reinslating)	DATE		
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE			
Title -	U	⊠ □	ELETE 1.1 TIT	LE	P	-	Change	Addition
NAME KAHN, HOWARD N			1.2 NA	ME	Lawrence R Spir	s mil	⊃.	
STREET ADDRESS	4000 HOLLYWOOD BLVD.	SUITE 485 SU.	5 SU. 1.3 STREET ADDRESS		7061 Cypress Mood	7-107		
CITY-SI-7iP	HOLLYWOOD FL 33021			Y-ST-ZIP		3317		
T TLE		□ 0	ELETÉ 2.1 TIT	LE	ST		Change	Addition
NAME			2.2 NA	ME	View Burnier	•		
STREET ADDRESS			2.3 ST	REET ADDRESS	The Cudress Road	4104		
CITY-ST-ZIF				TY-ST-ZIP	Plant Hion Fl. 3	LIE		
TOLE			ELETE 3.1 TAT		,	ι	Change	Addition
NAMÉ			3,2 NA	ME				
STREET ADDRESS			3,3 \$1	REET ADDRESS				
CHY-ST-ZIP				TY-ST-ZIP				
TITLE			ELETE 4.1 TIT			L	Change	Addition
NAME			4. 2 N	AME.				
STREET ADDRESS			4.3 ST	REET ADDRESS				
C-1Y - ST - 2)P				Y-ST-ZIP				11:00
THLE		LJ 0	ELETE 5.1 TIT	1	÷	L	Change	Addition
NAME			5,2 NA	ME				
STREET ADDRESS			5.3 ST	REET ADDRESS	•			
CiTY - S1 - ZIP				Y-S7-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE		٥ 🗆	ELETE 6,1 TIT	LE		i	Change	Addition
NAME			6.2 NA	ME				
STREET ADDRESS	1		6.3 \$T	REET ADORESS				

6.4 CITY-ST-ZIP

SIGNATURE:



FILED

May 16 1997 8:00am

Secretary of State