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FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000006238 (4)**

1. Corporation Name
MIAMI DIALYSIS CENTER, INC.



Principal Place of Business
~~C/O MEDICAL VENTURES, LLO~~
**7061 CYPRESS ROAD, SUITE 104
PLANTATION FL 33317**

Mailing Address
~~C/O MEDICAL VENTURES, LLO~~
**7061 CYPRESS ROAD, SUITE 104
PLANTATION FL 33317**

DO NOT WRITE IN THIS SPACE

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 30 USA		3. Date Incorporated or Qualified 01/22/1997	4. FEI Number 65-0740008 Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent GREEN, MITCHELL F 4000 HOLLYWOOD BOULEVARD SUITE 485 SOUTH HOLLYWOOD FL 33021		10. Name and Address of New Registered Agent 81 Name BURRIER, VICKI 82 Street Address (P.O. Box Number is Not Acceptable) 7061 CYPRESS ROAD 83 SUITE 104 84 City PLANTATION FL 85 Zip Code 33317	
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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* **1/8/98**
Signature of registered agent required when reinstating. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS TITLE D <input checked="" type="checkbox"/> DELETE NAME GREEN, MITCHELL F STREET ADDRESS 4000 HOLLYWOOD BOULEVARD, SUITE 485 SOUTH CITY-ST-ZIP HOLLYWOOD FL 33021 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 PCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME SPIRA, LAWRENCE R. 1.3 STREET ADDRESS 7061 CYPRESS ROAD, SUITE 104 1.4 CITY-ST-ZIP PLANTATION, FL 33317-2243 2.1 TITLE TSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME BURRIER, VICKI 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 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 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	
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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.

SIGNATURE *Vicki Burrier* **1/8/98**

CR2E034 (10/97)