SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

PROFIT CORPORATION ANNUAL REPORT 79992000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000016381

1. Corporation Name

FLORIDA HEMODIALISIS, INC

.3934 SW 8 ST.

CORAL GABLES, FL, 33134

Principal Place of Business

SUITE 303

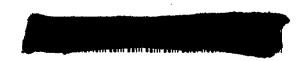
Mailing Address

SAME

FILED Mar 07, 2000 8:00 am Secretary of State

03-07-2000 90024 039 ***150.00

B0026811



2. Principal Pla	Place of Business 2a. Mailing Address				3. Date Incorporated or Qualifed				
3934	4 SW 8 ST. 26 3934 SW 8 ST.				2/20/1997				
Suite, Apt. #		Suite, Apt. #, etc.			4. FEI Number		A	pplied For	
303		27 303			65-0945282		N	ot Applicable	
City & State	State City & State				5. Certifcate of Status Desired			Additional	
CORAL GABLES, FL 28 CORAL GABLES, H				FL	5. Certificate of Status Desired		Fee R	equired	
Zip Country Zip Country					6. Election Campaign Financing			May Be	
<u></u> 3313			o DA	DE	Trust Fund Contribution		Added	to Fees	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent									
81					81 Name MARITZA CABRERA				
DAVID MARRERO 82					Street Address (P.O. Box Number is Not Acceptable)				
13500 N. KENDALL DR				6	6766 ORCHID DR				
MIAMI, FL, 33186									
84							85 Zip	Code	
					AMI LAKES	FL	1 1 1	3134	
11. Pursuant to the grovisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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 617.0503, Florida Statutes.									
SIGNATURE X W MIX 20 X W MA									
	Ignature typed or printed name of registered agent a	7	ngistered Ag	ent signature requir	ed when reinstating)	DATE"			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO		
TITLE P	DAVID MARRERO	DELETE	1.1 TITLE	P	ADA L. VASALLO	i	Change	Addition X	
NAME	13500 N. KENDALL	מת .	1.2 NAME	:	• • • • • • • • • • • • • • • • • • • •				
STREET ADDRESS	MIAMI, FL, 3318		1.3 STRE	ET ADDRESS	6766 ORCHID DR.			ļ	
CITY-ST-ZIP		O	1.4 CTY-	ST-ZIP	MIAMI LAKES, FL,				
TITLE		☐ DELETE	2.1 TITLE			1	Change	☐ Addition	
NAME			2.2 NAME						
STREET ADDRESS			2.3 STRE	ET ADORESS					
CITY-ST-ZIP			2.4 CITY	ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE			ſ	Change	Addition	
NAME			3.2 NAME					j	
STREET ADDRESS			3.3 STRE	ET ADDRESS					
CITY-ST-ZIP			3.4. CITY-	-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE			. [Change	Addition	
NAME			4. 2 NAM	E	·				
STREET ADDRESS			4.3 STRE	ET ADDRESS					
CITY-ST-ZIP			4.4 C/TY-	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE			Ţ	Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STRE	ET ADDRESS					
CITY-ST-ZIP			5.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAME	:					
STREET ADDRESS			6.3 STRE	ET ADDRESS					
C/TY-ST-ZIP			6.4 CITY-	ST-ZIP					
14. I hereby ce	rtify that the information supplied with	this filing does not qualify for the	e exemp	tion stated in	Section 119.07(3)(i), Florida Statutes.	I further certify	/ that the i	nformation	

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 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

BHANTMAKELE OURED SIGNATURE: