PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JAN 28 PM 4:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000070775

1. Corporation Name
INDEPENDENT RENAL ASSOCIATES, INC

2. Principal Office Address	3. Mailing Office Address
11220 7th ST. E.	c/o MAIER MARKEY +
Suite, Apt. #, etc.	Suite, Apt. #, etc. MENASHI, LLP
	222 BLOOMINGDALE RD
City & State: Treasure Island, FL	City & State: WHITE PLAINS, NY
Zip: 33706 Country: USA	Zip: 10605 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 10/1997

5. FEI Number 59-3468899 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Sean COUGHLIN

500009326035
12/03/02--01076--010 **150.00

Street Address (P.O. Box Number is Not Acceptable): 11220 7th St. E.

Suite, Apt. #, Etc.:

City: Treasure Island | State: FL | Zip Code: 33706

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Sean P. Coughlin — REGISTERED AGENT MUST SIGN — Date: 11/27/02

CR2E081 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	DEES, JANET R	761 SOUNDVIEW DR	PALM HARBOR, FL 34683
Chief Op. Ofcr	COUGHLIN, SEAN P	11220 7th ST, E.	TREASURE ISLAND, FL 33706
Chief Finan. Ofcr	CAPUTO, MARK	3820 EAST MERCER WAY	MERCER ISLAND, WA 98040

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Sean P. Coughlin — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 11/27/02 Date — 727-368-9799 Daytime Phone #

INDEPENDENT RENAL ASSOCIATES, INC.

11220 7th St. E. Treasure Island, FL 33706
Telephone (727) 368-9799
Fax (727) 367-9420

Dear Sir/Madam,

Nov. 25, 2002

I am submitting a corporation reinstatement form along with the annual $150.00 fee. I respectfully request the $600.00 penalty be waived as we moved our corporate headquarters from Clearwater, Fl. To Treasure Island, Fl. and did not apparently receive the two previous requests at our new address. We appreciate your understanding in this matter.

Respectfully,

Sean P. Coughlin
Chief Operating Officer