

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

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P97000103895 (3)**

1. Corporation Name

INDEPENDENT RENAL ASSOCIATES HOLDINGS, INC.

Principal Place of Business

**801 W. BAY DR., SUITE 405
LARGO FL 34640**

Mailing Address

**801 W. BAY DR., SUITE 405
LARGO FL 34640**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 600 CLEVELAND STREET	26 600 CLEVELAND STREET	59-3480741	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 SUITE 910	27 SUITE 910	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	<input type="checkbox"/>
23 CLEARWATER, FL	28 CLEARWATER, FL	8. This corporation owes or has paid the current year intangible	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	Personal Property Tax due June 30.	
24 33755	25 U.S.A.		
29 33755	30 U.S.A.		

9. Name and Address of Current Registered Agent

**DEES, JANET R
801 W. BAY DR., SUITE 405
LARGO FL 34640**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEES, JANET R	1.2 NAME	
STREET ADDRESS	781 SOUNDVIEW DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUGHLIN, SEAN P	2.2 NAME	
STREET ADDRESS	11220 7TH ST., E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPUTO, MARK	3.2 NAME	
STREET ADDRESS	199 MASSACHUSETTS AVE., SUITE 902	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02115	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

Janet R. Dees

3/5/98 813 443-4770

CF2E034 (10/97)