


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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90007 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000046426 ✓
 1. Corporation Name
 The Miami Beach Kidney Center, Inc.

Principal Place of Business	Mailing Address
4701 North Meridian Ave. Miami Beach, FL 33140	710 Lakeview Drive Miami Beach, Florida 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 May 22, 1998

2. Principal Place of Business	2a. Mailing Address
21 4701 North Meridian Ave. Suite, Apt. #, etc.	26 710 Lakeview Drive Suite, Apt. #, etc.
22 City & State Miami Beach, Florida	27 City & State Miami Beach, Florida
23 Zip Country 33140 US	28 Zip Country 33140 US

4. FEI Number 65-0871463	Applied For <input type="checkbox"/> 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
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Leticia Adan, M.D.
 710 Lakeview Drive
 Miami Beach, Florida 33140

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.

LETICIA ADAN, M.D. 05/06/99

SIGNATURE *Leticia Adan* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	Leticia Adan, M.D.	<input type="checkbox"/>
NAME	President	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Leticia Adan, M.D.	<input checked="" type="checkbox"/>
NAME	Vicepresident	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Leticia Adan, M.D.	<input type="checkbox"/>
NAME	Treasurer	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Leticia Adan, M.D.	<input type="checkbox"/>
NAME	Secretary	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Leticia Adan, M.D.	<input type="checkbox"/>
NAME	Director	
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	Federicó Adan, M.D.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Vice-President		
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	Federico Adan, M.D.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Assistant Secretary		
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	Federico Adan, M.D.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Director		
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 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 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leticia Adan* LETICIA ADAN, M.D. 05/06/99 (305)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime P.

CR2E034 (11/98)