Bronstein, Carlson, Gleim & Smith, P. A.

Toel D. Bronstein Board Certified in Tax Law

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Refer to File No.

003541/994003

Writer's Direct Dial No.

(727) 898-6690

April 28, 1999

Registered Agent/Address Section Bureau of Corporate Records Division of Corporations Department of State P.O. Box 6327 Tallahassee, FL 32314

> RE: American Dialysis Center, Inc.

700002860917---05/04/99--01005--005 *****35.00 *****35.00

Gentlemen:

Enclosed please find the original and duplicate copy of a Change of Registered Office and Agent for the above-referenced corporation, along with our client's check in the amount of \$35.00 representing the filing fee.

Please acknowledge filing of this document by stamping the duplicate copy and returning same to me.

If you have any questions in connection with the documents cor need further information, please contact me by telephone than returning the document.

truly yours,

Sue Thomas, Paralegal to

Thomas B. Smith

ST/lpb

Enc.

cc: American Dialysis Center, Inc. 135326

290000 DA 99

CHANGE OF REGISTERED OFFICE AND AGENT AMERICAN DIALYSIS CENTER, INC.

SECRETARY OF STATE OF FLORIDA TO:

- The name of the Corporation is American Dialysis Center, Inc. 1.
- The current registered office is located at 150 Second Avenue North, 2. Suite 1100, St. Petersburg, FL 33701.
- The registered office will be changed to 5787 49th Street North, St. З. Petersburg, FL 33709.

THIS IS THE CORRECT BUSINESS ADDRESS OF THE CORPORATION, PLEASE CHANGE YOUR RECORDS ACCORDINGLY.

- The current registered agent is Thomas B. Smith. 4.
- The successor registered agent will be Jossette S. Malti 5.
- The street address of the Corporation's registered office and 6. business office of its registered agent, as changed above will identical.
- All changes made above have been authorized by resolutions, duly 7. adopted by the Corporation's Board of Directors.
- All changes made above have been made by an officer of the 8. Corporation authorized to do so by the Board of Directors.

April 27, 1999 DATED:

AMERICAN DIALYSIS CENTER, INC.

ACKNOWLEDGMENT

I hereby accept to act in this capacity, and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of 607.0505, Florida Statutes.

%ssette S. Malti

Registered Agent

135054