

FILED
Jun 19, 2000 8:00 am
Secretary of State

01-21-2000 90081 019 ***158.75

DOCUMENT # P99000082242

1. Entity Name

DIALYSIS ACQUISITION CORP.

Principal Place of Business

2337 W. 76TH ST.
HIALEAH FL 33016

Mailing Address

2337 W. 76TH ST.
HIALEAH FL 33016-1842

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

OUTZS, DANIEL R
C/O MEDICORE, INC.
2337 W. 76TH ST.
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name
OUZTS, DANIEL R.
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	LANGBEIN, THOMAS K	
STREET ADDRESS	777 TERRACE AVE.	
CITY-ST-ZIP	HASBROUCK HEIGHTS NJ 07604	
TITLE	D	<input type="checkbox"/> Delete
NAME	PELSTRING, BART	
STREET ADDRESS	C/O DIALYSIS CORPORATION OF AMERICA	
CITY-ST-ZIP	LEMOYNE PA 17043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C/D/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGBEIN, THOMAS K.	
STREET ADDRESS	777 TERRACE AVE., ROOM 517	
CITY-ST-ZIP	HASBROUCK HEIGHTS, NJ 07604	
TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELSTRING, BART	
STREET ADDRESS	27 MILLER STREET, SUITE 2	
CITY-ST-ZIP	LEMOYNE, PA 17043	
TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OUZTS, DANIEL R.	
STREET ADDRESS	2337 West 76th Street	
CITY-ST-ZIP	Hialeah, FL 33016	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAFFE, LAWRENCE E.	
STREET ADDRESS	777 Terrace Ave., #517	
CITY-ST-ZIP	Hasbrouck Heights, NJ 07604	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel R. Ouzts VP/Finance

January 5, 2000 (305)558-4000

Date

Daytime Phone #

CR2E034 (9/99)