2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006
Secretary of State

DOCUMENT# P99000103069

Entity Name: CONVALESCENT RENAL CARE OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

7300 DEL PRADO CIRCLESO
BOCA RATON, FL 33433

New Principal Place of Business:

7300 DEL PRADO CIRCLE SOUTH
BOCA RATON, FL 33433

Current Mailing Address:

1905 CLINT MOORE ROAD
SUITE211
BOCA RATON, FL 33496

New Mailing Address:

1905 CLINT MOORE ROAD
SUITE 211
BOCA RATON, FL 33496

FEI Number: 65-0967255 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAZAR, IRA L M.D.
1905 CLINT MOORE ROAD #211
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LAZAR, IRA L M.D.
Address: 1905 CLINT MOORE ROAD #211
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRA L. LAZAR, MD D 04/06/2006

Electronic Signature of Signing Officer or Director — Date