FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:52

DOCUMENT # S37291 (9)

1. Corporation Name

WEST ORANGE DIALYSIS, INC.

Principal Place of Business	Mailing Address
3883 OAKWATER CIRCLE ORLANDO FL 32806-6264	3883 OAKWATER CIRCLE ORLANDO FL 32806-6264

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1991
3a. Date of Last Report: 02/03/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0270855 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARBURY, THOMAS 3885 OAKWALER CIR ORLANDO FL 32806	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 Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ Change ☐ Addition
NAME	MARBURY, THOMAS C	
STREET ADDRESS	3885 OAKWALER CIR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	☐ Change ☐ Addition
NAME	STONEROCK, ROBERT F JR	
STREET ADDRESS	3885 OAKWALER CIR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	☐ Change ☐ Addition
NAME	ABBOTT, LIONEL C	
STREET ADDRESS	3885 OAKWALER CIR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	☐ Change ☐ Addition
NAME	HOLCOMB, ALLEN K	
STREET ADDRESS	3885 OAKWALER CIR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	CD	☐ Change ☐ Addition
NAME	PRINCE, TIMOTHY L	
STREET ADDRESS	3885 OAKWALER CIR	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this report is substantially complete and accurate, and that I am duly authorized by the corporation to execute and file this report as required by Chapter 607, 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 of this report or on an attachment with an address.

SIGNATURE: ✓ Lionel Abbott 1/9/95 (407) 351-3600

SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Lionel C. Abbott

0057472 CP