

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

FILED  
Mar 31 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S45629** (0)  
1. Corporation Name  
**FORT LAUDERDALE CENTER FOR KIDNEY DISEASES, INC.**



Principal Place of Business <b>4800 N.E. 20 TERR. SUITE 115 FT. LAUDERDALE FL 33308</b>	Mailing Address <b>4800 N.E. 20 TERR. SUITE 115 FT. LAUDERDALE FL 33308</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>Fort Lauderdale Renal Group 2001 Medical Building 2001 N.E. 48th Court Fort Lauderdale FL 33308</b>		2a. Mailing Address <b>Fort Lauderdale Renal Group 2001 Medical Building 2001 N.E. 48th Court Fort Lauderdale FL 33308</b>		3. Date Incorporated or Qualified <b>04/16/1991</b>	
24. Zip <b>33308</b>		25. Country		4. FEI Number <b>65-0257110</b>	
26. City & State <b>Fort Lauderdale FL</b>		27. City & State <b>Fort Lauderdale FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
28. City & State <b>Fort Lauderdale FL</b>		29. City & State <b>Fort Lauderdale FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
30. City & State <b>Fort Lauderdale FL</b>		31. City & State <b>Fort Lauderdale FL</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>VALLE, BARBARA K 4800 MEDICAL COMPLEX N. 4800 N.E. 20TH TERRACE SUITE 115 FORT LAUDERDALE FL 33308</b>		10. Name and Address of New Registered Agent <b>Barbara Valle c/o Fort Lauderdale Renal Group 2001 Medical Building 2001 N.E. 48th Court Fort Lauderdale FL 33308 FL</b>	
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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.

SIGNATURE **Barbara Valle RN** (NOTE: Registered Agent signature required when reinstating) DATE **3-26-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLE, GABRIEL A M.D.	1.2 NAME	
STREET ADDRESS	4800 N.E. 20 TERRACE, SUITE 115	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALLE, BARBARA R.N.	2.2 NAME	
STREET ADDRESS	4800 N.E. 20 TERRACE, SUITE 115	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 if changed or on an attachment with an address.

SIGNATURE **Barbara Valle RN** DATE **3-26-98** 954,3020

CR2E034 (10/97)