

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90302 001 *5,250.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K57819

1. Corporation Name
INTERAMERICAN ACUTE DIALYSIS SERVICES, INC.

Principal Place of Business 95 HAYDEN AVENUE LEXINGTON MA 02173	Mailing Address 95 HAYDEN AVENUE LEXINGTON MA 02173
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/12/1989	
4. FEI Number 65-0092325	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
02420	
Zip 29	Country 30
02420	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SWETT, GEOFFREY W	
STREET ADDRESS	95 HAYDEN AVENUE	
CITY-ST-ZIP	LEXINGTON MA 02173	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KAMAL, SYED	
STREET ADDRESS	95 HAYDEN AVENUE	
CITY-ST-ZIP	LEXINGTON MA 02173	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHMIDT, HEINZ J	
STREET ADDRESS	95 HAYDEN AVENUE	
CITY-ST-ZIP	LEXINGTON MA 02173	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	LIEBERMAN, MARC S	
STREET ADDRESS	95 HAYDEN AVENUE	
CITY-ST-ZIP	LEXINGTON MA 02173	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KOTT, DOUGLAS G	
STREET ADDRESS	95 HAYDEN AVENUE	
CITY-ST-ZIP	LEXINGTON MA 02173	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KEMBEL, DAVID A	
STREET ADDRESS	95 HAYDEN AVENUE	
CITY-ST-ZIP	LEXINGTON MA 02173	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Patrick Moriarty	
1.3 STREET ADDRESS	95 Hayden Ave.	
1.4 CITY-ST-ZIP	Lexington, MA 02420	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	02420	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	02420	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	02420	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	02420	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	02420	

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, with all other like empowered.

SIGNATURE: Marc Lieberman **SIGNATURE REQUIRED** Marc Lieberman 4/12/99 781-402-9000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)