SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 21 PM 12:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F93000004751 (4)

1. Corporation Name
TOTAL RENAL SUPPORT SERVICES, INC.

Principal Place of Business	Mailing Address
~~908 BROADWAY PLAZA~~ ~~SUITE 300~~ TACOMA WA 98402	~~908 BROADWAY PLAZA~~ ~~SUITE 300~~ TACOMA WA 98402

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1331 Broadway	26 P.O. Box 2076
Suite, Apt. #, etc. 22 Suite 400	Suite, Apt. #, etc. 27
City & State 23 Tacoma, WA	City & State 28 Tacoma, WA
Zip 24 # 98402 Country 25 USA	Zip 29 98401-2076 Country 30 USA

3. Date Incorporated or Qualified: 10/19/1993
3a. Date of Last Report: 02/09/1994
4. FEI Number: ~~95-3579915~~ 95-4393983 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
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 FL 85 Zip Code

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 ______________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	BROWN, SCOTT M
STREET ADDRESS	2700 COLORADO AVE
CITY ST ZIP	SANTA MONICA CA
TITLE	P
NAME	FRIE, LEONARD W
STREET ADDRESS	908 BROADWAY, SUITE 300
CITY ST ZIP	TACOMA WA
TITLE	V
NAME	KING, JOHN
STREET ADDRESS	908 BROADWAY, SUITE 300
CITY ST ZIP	TACOMA WA
TITLE	T
NAME	ANDERSONS, MARIS
STREET ADDRESS	2700 COLORADO AVE
CITY ST ZIP	SANTA MONICA CA
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

see attached

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY ST ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY ST ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY ST ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY ST ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY ST ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: John King 7/14/95 (206) 272-1916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0183096 FN

F93-4751

Corporate Officer Listing
For
Total Renal Support Services, Inc.

Name	Title
Victor Chaltiel 21250 Hawthorne Blvd., Suite 800 Torrance, CA 90503	President and CEO
Leonard W. Frie 21250 Hawthorne Blvd., Suite 800 Torrance, CA 90503	Executive Vice President and COO
Mary Chambers 21250 Hawthorne Blvd., Suite 800 Torrance, CA 90503	Vice President
Barry C. Cosgrove 21250 Hawthorne Blvd., Suite 800 Torrance, CA 90503	Vice President and Secretary
Sidney Kernion 3351 Severn Avenue, Suite 303 Metairie, LA 70002	Vice President
John E. King 21250 Hawthorne Blvd., Suite 800 Torrance, CA 90503	Vice President, CFO and Assistant Secretary
Lois Mills 21250 Hawthorne Blvd., Suite 800 Torrance, CA 90503	Vice President
Leonard W. Frie 21250 Hawthorne Blvd., Suite 800 Torrance, CA 90503	Director