

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000004751 (4)
 1. Corporation Name
TOTAL RENAL SUPPORT SERVICES, INC.



Principal Place of Business 1331 BROADWAY SUITE 400 TACONNA WA 98402 US	Mailing Address P.O. BOX 2076 SUITE 300 TACOMA WA 98401-2076 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 10/19/1993	
4. FEI Number 95-4393983	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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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, if applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHALTEL, VICTOR	1.2 NAME	
STREET ADDRESS	21250 HAWTHORNE BLVD., SUITE 800	1.3 STREET ADDRESS	
CITY-ST-ZIP	TORRANCE CA 90503	1.4 CITY-ST-ZIP	
TITLE	EVC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIE, LEONARD	2.2 NAME	
STREET ADDRESS	21250 HAWTHORN BLVD., STE 800	2.3 STREET ADDRESS	
CITY-ST-ZIP	TORRANCE CA	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, MARY	3.2 NAME	
STREET ADDRESS	21250 HAWTHORN BLVD., STE 800	3.3 STREET ADDRESS	
CITY-ST-ZIP	TORRANCE CA	3.4 CITY-ST-ZIP	
TITLE	VPS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSGROVE, BARRY C.	4.2 NAME	
STREET ADDRESS	21250 HAWTHORN BLVD., STE 800	4.3 STREET ADDRESS	
CITY-ST-ZIP	TORRANCE CA	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERNION, SIDNEY	5.2 NAME	
STREET ADDRESS	3351 SEVERN AVENUE, SUITE 303	5.3 STREET ADDRESS	
CITY-ST-ZIP	METAIRIE FL 70002	5.4 CITY-ST-ZIP	
TITLE	VPAS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, JOHN E	6.2 NAME	
STREET ADDRESS	21250 HAWTHORNE BLVD., SUITE 800	6.3 STREET ADDRESS	
CITY-ST-ZIP	TORRANCE CA 90503	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.

SIGNATURE: _____

CR2E034 (10/97)