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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

DOCUMENT # F93000004751 (4)

1. Corporation Name

TOTAL RENAL SUPPORT SERVICES, INC.

Principal Place of Business

1331 BROADWAY
SUITE 400
TACOMA WA 98402
US

Mailing Address

P.O. BOX 2076
SUITE 300
TACOMA WA 98401-2076
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1993

4. FEI Number

95-4393983

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE

NAME CHATIEL, VICTOR
STREET ADDRESS 21250 HAWTHORNE BLVD., SUITE 800
CITY-ST-ZIP TORRANCE CA 90503

TITLE EVC ☐ DELETE

NAME FRIE, LEONARD
STREET ADDRESS 21250 HAWTHORN BLVD., STE 800
CITY-ST-ZIP TORRANCE CA

TITLE VP ☐ DELETE

NAME CHAMBERS, MARY
STREET ADDRESS 21250 HAWTHORN BLVD., STE 800
CITY-ST-ZIP TORRANCE CA

TITLE VPS ☐ DELETE

NAME COSGROVE, BARRY C.
STREET ADDRESS 21250 HAWTHORN BLVD., STE 800
CITY-ST-ZIP TORRANCE CA

TITLE VP ☐ DELETE

NAME KERNION, SIDNEY
STREET ADDRESS 3351 SEVERN AVENUE, SUITE 303
CITY-ST-ZIP METAIRIE FL 70002

TITLE VPAS ☐ DELETE

NAME KING, JOHN E
STREET ADDRESS 21250 HAWTHORNE BLVD., SUITE 800
CITY-ST-ZIP TORRANCE CA 90503

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 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 with an attachment with an address.

SIGNATURE:

CR2E034 (10/97)