

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90102 030 ***150.00

DOCUMENT # F93000004751

1. Entity Name
TOTAL RENAL SUPPORT SERVICES, INC.



Principal Place of Business
**1423 PACIFIC AVENUE
TACOMA WA 98402
US**

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



2. Principal Place of Business
21250 Hawthorne Blvd.

Suite, Apt. #, etc.

Suite 800

City & State

Torrance, CA

Zip

90503

Country

USA

3. Mailing Address

21250 Hawthorne Blvd.

Suite, Apt. #, etc.

Suite 800

City & State

Torrance, CA

Zip

90503

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **95-4393983**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **CCEO** ☐ Delete
NAME **THIRY, KENT J**
STREET ADDRESS **21250 HAWTHORNE BLVD.**
CITY-ST-ZIP **TORRANCE CA**

TITLE **COO** ☐ Delete
NAME **MELLO, JOSEPH C**
STREET ADDRESS **21250 HAWTHORN BLVD., STE 800**
CITY-ST-ZIP **TORRANCE CA**

TITLE **CFO** ☐ Delete
NAME **WHITNEY, RICHARD**
STREET ADDRESS **21250 HAWTHORNE BLVD**
CITY-ST-ZIP **TORRANCE CA 90503**

TITLE **CMO** ☐ Delete
NAME **MCALLISTER, CHARLIE M.D.**
STREET ADDRESS **21250 HAWTHORNE BLVD**
CITY-ST-ZIP **TORRANCE CA 90503**

TITLE **VPC** ☐ Delete
NAME **BEIL, GARY**
STREET ADDRESS **1423 PACIFIC AVENUE**
CITY-ST-ZIP **TACOMA WA 98402**

TITLE **VPCS** ☐ Delete
NAME **UDICIOUS, STEVEN ESQ**
STREET ADDRESS **21250 HAWTHORNE BLVD**
CITY-ST-ZIP **TORRANCE CA 90503**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

UDICIOUS, STEVEN ESQ, General Counsel & Secty 1/7/03 310-750-2076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)