# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P93000075674 (0)**

1. Corporation Name

**DIALYSIS LABORATORIES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1990 INDUSTRIAL DR<br>DELAND FL 32724 | P.O. BOX 2076<br>TACOWA WA 98401-2076 |

3. Date Incorporated or Qualified: **10/22/1993**
3a. Date of Last Report: **09/05/1995**

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): 
Zip (29): Country (30): 

4. FEI Number: **59-3205549** ☐ 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**

**ROBINSON, DAVID**
**1990 INDUSTRIAL DR**
**DELAND FL 32724**

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | CEOP | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CHALTIEL, 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 | EVP | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FRIE, LEONARD W | | 2.2 NAME | | |
| STREET ADDRESS | 21250 HAWTHORNE BLVD., SUITE 800 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TORRANCE CA 90503 | | 2.4 CITY-ST-ZIP | | |
| TITLE | VP | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CHAMBERS, MARY | | 3.2 NAME | | |
| STREET ADDRESS | 21250 HAWTHORNE BLVD., SUITE 800 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TORRANCE CA 90503 | | 3.4 CITY-ST-ZIP | | |
| TITLE | VPS | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | COSGROVE, BARRY C | | 4.2 NAME | | |
| STREET ADDRESS | 21250 HAWTHORNE BLVD., SUITE 800 | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TORRANCE CA 90503 | | 4.4 CITY-ST-ZIP | | |
| TITLE | VP | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KERNION, SIDNEY | | 5.2 NAME | | |
| STREET ADDRESS | 3351 SEBERN AVENUE, SUITE 303 | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | METAIRIE LA 70002 | | 5.4 CITY-ST-ZIP | | |
| TITLE | VPAS | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ 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 | | |

CR2E034 (12/95)

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 added on an attachment with an address.

**SIGNATURE:** _____ John King 4/23/96 (206) 272-1916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #