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Jun 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 DELAND FL 32724	P.O. BOX 2076 TACOWA WA 98401-2076

3. Date Incorporated or Qualified: 10/22/1993
3a. Date of Last Report: 05/01/1996
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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: C T Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd.
83
84 City: Plantation FL 85 Zip Code: 33324

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: M.T. FITZPATRICK, Assistant Secretary 6-3-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CEOP	☐ DELETE
NAME	CHALTIEL, VICTOR	
STREET ADDRESS	21250 HAWTHORNE BLVD., SUITE 800	
CITY-ST-ZIP	TORRANCE CA 90503	
TITLE	EVP	☐ DELETE
NAME	FRIE, LEONARD W	
STREET ADDRESS	21250 HAWTHORNE BLVD., SUITE 800	
CITY-ST-ZIP	TORRANCE CA 90503	
TITLE	VP	☐ DELETE
NAME	CHAMBERS, MARY	
STREET ADDRESS	21250 HAWTHORNE BLVD., SUITE 800	
CITY-ST-ZIP	TORRANCE CA 90503	
TITLE	VPS	☐ DELETE
NAME	COSGROVE, BARRY C	
STREET ADDRESS	21250 HAWTHORNE BLVD., SUITE 800	
CITY-ST-ZIP	TORRANCE CA 90503	
TITLE	VP	☐ DELETE
NAME	KERNION, SIDNEY	
STREET ADDRESS	3351 SEBERN AVENUE, SUITE 303	
CITY-ST-ZIP	METAIRIE LA 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	V.P	☐ Change ☒ Addition
1.2 NAME	LINDENFELD, STAN	
1.3 STREET ADDRESS	21250 HAWTHORNE BLVD., SUITE 800	
1.4 CITY-ST-ZIP	TORRANCE, CA 90503	
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		

CR2E034 (9/96)

14. I do 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, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED Barry C Cosgrove 4/7/97 310 792 2600