**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

### DOCUMENT # P93000075674

1. Corporation Name

TOTAL RENAL LABORATORIES, INC.

Principal Place of Business 199# INDUSTRIAL DR

DELAND FL 32724

Mailing Address

P.O. BOX 2076

TACOWA WA 98401-2076

## **FILED** Sep 01, 1999 8:00 am Secretary of State

09-01-1999 90010 016 \*\*\*550.00



			DO NOT WRITE IN THIS	SPACE
į			3. Date Incorporated or Qualifed	
			10/22/1993	
	. Mailing Address	Manari Ad	4. FEI Number	Applied For
21 6	1 3 1 350 40v	MOOME PALLE	<b>59-3205549</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
27	800		5. Certifcate of Status Desired	Fee Required
City & State	City & State	A A . A	6, Election Campaign Financing	\$5.00 May Be
23 28	Morrance	UP ?	Trust Fund Contribution	Added to Fees
Zig - Country	Zip An/An A	Country	8. This corporation owes the current year Int	angible
24 25 29	10.2 n.n. 3	o bosknal	Personal Property Tax.	☐Yes ☐No
9. Name and Address of Current Regis	stered Agent		10. Name and Address of New Registered	Agent
		81 Name		
CT CORPORATION SYSTEM		00 00 00		
1200 S PINE ISLAND RD		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324		83	<del></del>	
5. A 18 5. 1				
State of the state		84 City		85 Zip Code
14. Burguest to the provisions of Sections 607 0502 and 6	207 4500 Final Ct - 1 -		FL	<u>.                                    </u>
11. Pursuant to the provisions of Sections 607.0502 and 6 office or registered agent, or both, in the State of Floriagent Law families with and posent the billion beautiful to the provision of	da. Such change was auti	, the above-named corp horized by the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoin	changing its registered ntment as registered
agent. I am familiar with, and accept the obligations of	i, Section 607.0505, Florid	la Statutes.		
SIGNATURE				
Signature, typed or printed name of registered agent and title		egistered Agent signature require	·	
12. OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS AN	
CEOP	☐ DELETE	1.1 TITLE 1.2 NAME		☐ Change ☐ Addition
) <u>'</u>	CHALTIEL, VICTOR			
STREET ADDRESS 21250 HAWTHORNE BLVD., SUITE 80	00	1.3 STREET ADDRESS		İ
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 80	00	2.3 STREET ADDRESS		ĺ
CITY-ST-ZIP TORRANCE CA 90503		2.4 CITY-ST-ZIP		
TITLE VP	DELETE	3.1 TITLE		Change Addition
NAME CHAMBERS, MARY	$\bigvee$	3.2 NAME		
STREET ADDRESS 21250 HAWTHORNE BLVD., SUITE 80	30			
cmy-st-zip TORRANCE CA 90503		3.3 STREET ADDRESS		l
TITLE VPS	DELETE	3.4. CITY-ST-ZIP		[]Character
000000000000000000000000000000000000000	☐ bereit	4.1 TITLE		☐ Change ☐ Addition
	00	4. 2 NAME		ļ
STREET ADDRESS 21250 HAWTHORNE BLVD., SUITE 80	JU .	4.3 STREET ADDRESS		ļ
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		İ
STREET ADDRESS 3351 SEBERN AVENUE, SUITE 303	į	5.3 STREET ADDRESS		ĺ
CMY-ST-ZIP METAIRIE LA 70002		5.4 CITY-ST-ZIP		ì
TITLE VPAS	☐ DELETE	6.1 TITLE		Change Addition
NAME KING, JOHN E	Ì	6.2 NAME		_ ,
STREET ADDRESS 21250 HAWTHORNE BLVD., SUITE 80	n .	6.3 STREET ADORESS		l
TODDANIOT OF COLUMN	<b>"</b>	6.4 CITY-ST-ZIP		]
CITY-ST-ZIP TURKANCE CA, 90503	<i>1</i>	0.4 CHT-31-ZIP		Í

14. I hereby certify that the information supplied with his 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 supplementar 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, with all other like empowered. port is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an acte empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in that an address, with all other like empowered.

SIGNATURE:

SIGNOZURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)

# ATTACHMENT CORPORATE DIRECTORS AND OFFICERS OF TOTAL RENAL LABORATORIES, INC.

### **Directors**

Victor M.G. Chaltiel 21250 Hawthorne Blvd. Torrance, CA 90503

Leonard W. Frie 21250 Hawthorne Blvd. Torrance, CA 90503

### **Officers**

Victor M.G. Chaltiel Chairman & Chief Executive Officer 21250 Hawthorne Blvd. Torrance, CA 90503

George DeHuff, III
President & Chief Operations Officer
21250 Hawthorne Blvd.
Torrance, CA 90503

Leonard W. Frie Executive Vice President 21250 Hawthorne Blvd. Torrance, CA 90503

Stan M. Lindenfeld, M.D.
Sr. Vice President, Quality Management & Chief Medical Officer
21250 Hawthorne Blvd.
Torrance, CA 90503

Barry C. Cosgrove, Esq. Sr. Vice President, General Counsel & Secretary 21250 Hawthorne Blvd. Torrance, CA 90503

John E. King Sr. Vice President & Chief Financial Officer 21250 Hawthorne Blvd. Torrance, CA 90503