

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000075674

1. Entity Name

TOTAL RENAL LABORATORIES, INC.

Principal Place of Business

Mailing Address

1991 INDUSTRIAL DRIVE
DELAND FL 32724

21250 HAWTHORNE BLVD
800
TORRANCE CA 90503-5515

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3205549

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP CHALTEL, VICTOR 21250 HAWTHORNE BLVD., SUITE 800 TORRANCE CA 90503	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP FRIE, LEONARD W 21250 HAWTHORNE BLVD., SUITE 800 TORRANCE CA 90503	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS COSGROVE, BARRY C 21250 HAWTHORNE BLVD., SUITE 800 TORRANCE CA 90503	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS KING, JOHN E 21250 HAWTHORNE BLVD., SUITE 800 TORRANCE CA 90503	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman + Chief Executive Officer Kent S. Tring 21250 HAWTHORNE BLVD., Suite 800 Torrance, CA 90503	☒ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Medical Officer Brian Lindefeld 21250 HAWTHORNE BLVD., Suite 800 Torrance, CA 90503	☐ Change ☒
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT + Chief Operating Officer GEORGE B. DEHUFF, III 21250 HAWTHORNE BLVD., Suite 800 Torrance, CA 90503	☐ Change ☒
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐

13. 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 any statement made 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 11 or Block 12 if changed, or on an attachment with a copy of the filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90164 027 ***150.00

80016374



DO NOT WRITE IN THIS SPACE

SIGNATURE REQUIRED