2002 UNIFORM BUSINESS REPORT (UBR)

Feb 19, 2002 8:00 am Secretary of State DOCUMENT # P93000075674 1. Entity Name 02-19-2002 90099 015 ***150.00 TOTAL RENAL LABORATORIES, INC. Mailing Address Principal Place of Business 1991 INDUSTRIAL DRIVE 21250 HAWTHORNE BLVD DELAND FL 32724 TORRANCE CA 90503 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4, FEI Number City & State City & State 59-3205549 Not Applicable Country_____ Country \$8.75 Additional Zip 5. Certificate of Status Desired П 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND RD **PLANTATION FL 33324** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition Chairman, LEO Change TITLE ☐ Delete CCEO Kent J. Thiry 24250 Hawthorne Blvd., #800 NAME NAME TRIRY, KENT J STREET ADDRESS 21250 HAN THORNE BLVD., SUITE 800 STREET ADDRESS CITY-ST-ZIP Torrance, CA 90503 **TORRANCE CA 90503** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME HAHN, MICHAEL STREET ADDRESS STREET ADDRESS 1991 INDUSTRIAL DRIVE CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32724 ☐ Change ☐ Addition Delete TITLE TITLE NAME WHITNEY, RICHARD STREET ADDRESS STREET ADDRESS 21250 HAWTHORNE BLVD. CITY-ST-ZIP CITY-ST-71P TORRANCE CA 90503 ☐ Addition ☐ Change ☐ Delete TITLE TITLE CMO -NAME MCALLISTER, CHARLIE M.D. STREET ADDRESS STREET ADDRESS 21250 HAWTHORNE BLVD. CITY-ST-ZIP CITY-ST-ZIP **TORRANCE CA 90503** Change ☐ Addition Delete TITLE CF₀ NAME ALDERMAN, DALE STREET ADDRESS 1991 INDUSTRIAL DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELAND FL 32724** TITLE ☐ Change ☐ Addition ☐ Delete TITLE **AGS** NAME NAME MANHEIM, DAVID STREET ADDRESS STREET ADDRESS 21250 HAWTHORNE BLVD. CITY-ST-7IP CITY-ST-7IP **TORRANCE CA 90503** 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 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 11 or Block 12 if

idress, with all other like empowered.

changed, or on an attac

SIGNATURE:

FILED