2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

07072004 Chg-P CR2E034 (10/03) MRB

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	601 Hawaii St. Suite, Apt. #, etc.
City & State	El Segundo, CA City & State
Zip / Country	90245 / USA 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CCEO THIRY, KENT J 21250 HAN THORNE BLVD., SUITE 800 TORRANCE, CA 90503	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CCEO Kent J. Thiry 601 Hawaii St. El Segundo, CA 90245	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HAHN, MICHAEL 1991 INDUSTRIAL DRIVE DELAND, FL 32724	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	30003973119 3 07/30/04--01041--015 **150.00	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WHITNEY, RICHARD 21250 HAWTHORNE BLVD. TORRANCE, CA 90503	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Richard K. Whitney 601 Hawaii St. El Segundo, CA 90245	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CMO MCALLISTER, CHARLIE M.D. 21250 HAWTHORNE BLVD. TORRANCE, CA 90503	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CMO Charles McAllister, M.D. 601 Hawaii St. El Segundo, CA 90245	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AGS MANHEIM, DAVID 21250 HAWTHORNE BLVD. TORRANCE, CA 90503	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP,C,CCO Lori S. Richardson Pelliccioni 601 Hawaii St. El Segundo, CA 90245	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VGCS UDICIOUS, STEVEN J 21250 HAWTHORNE BLVD STE 800 TORRANCE, CA 90503	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Lori S. Richardson Pelliccioni, 7/14/04 310-536-2604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VP Compliance & Chief Compliance Officer