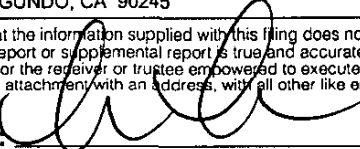


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90040 023 ***150.00

DOCUMENT # P93000075674 1. Entity Name TOTAL RENAL LABORATORIES, INC.					
Principal Place of Business 1991 INDUSTRIAL DRIVE DELAND, FL 32724			Mailing Address 601 HAWAII ST EL SEGUNDO, CA 90245		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State 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 CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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 7, 2005		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 601 HAWAII ST EL SEGUNDO, CA 90245 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director and CEO Kent J. Thiry 601 Hawaii Street, 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	CFO Thomas L. Kelly 601 Hawaii Street, El Segundo, CA 90245 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITNEY, RICHARD K 601 HAWAII ST EL SEGUNDO, CA 90245 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Corinna B. Polk 601 Hawaii Street, El Segundo, CA 90245 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CMO MCALLISTER, CHARLES M.D. 601 HAWAII ST EL SEGUNDO, CA 90245 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC PELLICCIONI, LORI S R 601 HAWAII ST EL SEGUNDO, CA 90245 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, VP and General Counsel Joseph Schohl 601 Hawaii Street, El Segundo, CA 90245 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCO PELLICCIONI, LORI S R 601 HAWAII ST EL SEGUNDO, CA 90245 ☐ 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: 		Corinna B. Polk SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		07/01/2005 (310)5362604 Date Daytime Phone #	
		Assistant Secretary			

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07012005 Chg-P CR2E034 (10/03)