2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005 8:00 am
Secretary of State
07-19-2005 90040 023 ***150.00

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1. Entity Name
TOTAL RENAL LABORATORIES, INC.

50056153

Principal Place of Business	Mailing Address
1991 INDUSTRIAL DRIVE DELAND, FL 32724	601 HAWAII ST EL SEGUNDO, CA 90245

07012005 Chg-P CR2E034 (10/03)

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. 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 07/01/2005 (310)5362604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Assistant Secretary — Date — Daytime Phone #