

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000075674

Entity Name: TOTAL RENAL LABORATORIES, INC.**Current Principal Place of Business:**3000 DAVITA WAY
DELAND, FL 32724**Current Mailing Address:**601 HAWAII STREET
EL SEGUNDO, CA 90245 US**FEI Number:** 59-3205549**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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:** BRITTANY AUNET, ASSISTANT SECRETARY

04/08/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name STAFFIERI, MICHAEL D.
Address 3000 DAVITA WAY
City-State-Zip: DELAND FL 32724

Title SECRETARY
Name BERBERICH, STEPHANIE N.
Address 3000 DAVITA WAY
City-State-Zip: DELAND FL 32724

Title TREASURER, CHIEF ACCOUNTING OFFICER
Name BERRY, CHRISTOPHER M.
Address 3000 DAVITA WAY
City-State-Zip: DELAND FL 32724

Title AUTHORIZED REPRESENTATIVE
Name CALDWELL, SAMANTHA A.
Address 3000 DAVITA WAY
City-State-Zip: DELAND FL 32724

Title VP
Name IQBAL, MD, JAMEEL
Address 3000 DAVITA WAY
City-State-Zip: DELAND FL 32724

Title VP
Name KING, JOANNE
Address 3000 DAVITA WAY
City-State-Zip: DELAND FL 32724

Title VP, GENERAL MANAGER
Name WAGNER, KERI
Address 3000 DAVITA WAY
City-State-Zip: DELAND FL 32724

Title CFO
Name MCKINNON, PATRICK J.
Address 3000 DAVITA WAY
City-State-Zip: DELAND FL 32724

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SAMANTHA A. CALDWELL**AUTHORIZED
REPRESENTATIVE**

04/08/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	ASSISTANT SECRETARY	Title	SENIOR DIRECTOR, FINANCE
Name	FUJIKAWA, RYAN	Name	HATHAWAY, MARCUS
Address	3000 DAVITA WAY	Address	3000 DAVITA WAY
City-State-Zip:	DELAND FL 32724	City-State-Zip:	DELAND FL 32724