

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000075674

Entity Name: TOTAL RENAL LABORATORIES, INC.**Current Principal Place of Business:**1991 INDUSTRIAL DRIVE
DELAND, FL 32724**Current Mailing Address:**P.O. BOX 728
DELAND, FL 32721 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title CEO
Name RODRIGUEZ, JAVIER J.
Address JLD/SECGOVFIN, 2000 16TH STREET
City-State-Zip: DENVER CO 80202

Title DIRECTOR, COO
Name STAFFIERI, MICHAEL D
Address JLD/SECGOVFIN, 2000 16TH STREET
City-State-Zip: DENVER CO 80202

Title GROUP VICE PRESIDENT
Name MEHTA, CHETAN P.
Address JLD/SECGOVFIN, 2000 16TH STREET
City-State-Zip: DENVER CO 80202

Title GENERAL MANAGER
Name SANGHAVI, HERSH
Address 1991 INDUSTRIAL DRIVE
City-State-Zip: DELAND FL 32724

Title SECRETARY
Name CALDWELL, SAMANTHA A.
Address JLD/SECGOVFIN, 2000 16TH STREET
City-State-Zip: DENVER CO 80202

Title CHIEF ACCOUNTING OFFICER &
TREASURER
Name HILGER, JAMES K.
Address JLD/SECGOVFIN, 2000 16TH STREET
City-State-Zip: DENVER CO 80202

Title VICE PRESIDENT
Name WAGNER, KERI
Address 1991 INDUSTRIAL DRIVE
City-State-Zip: DELAND FL 32724

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**SECRETARY****04/16/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date