

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836941

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: DVA HEALTHCARE RENAL CARE, INC.

## Current Principal Place of Business:

601 HAWAII STREET  
EL SEGUNDO, CA 90245 US

## New Principal Place of Business:

## Current Mailing Address:

601 HAWAII STREET  
EL SEGUNDO, CA 90245 US

## New Mailing Address:

FEI Number: 95-2977916

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: THIRY, KENT J  
Address: 601 HAWAII STREET  
City-St-Zip: EL SEGUNDO, CA 90245 US

Title: S ( ) Delete  
Name: SCHOHL, JOSEPH  
Address: 601 HAWAII STREET  
City-St-Zip: EL SEGUNDO, CA 90245 US

Title: T ( ) Delete  
Name: WHITNEY, RICHARD  
Address: 601 HAWAII STREET  
City-St-Zip: EL SEGUNDO, CA 90245 US

Title: AS ( ) Delete  
Name: POLK, CORINNA B  
Address: 601 HAWAII STREET  
City-St-Zip: EL SEGUNDO, CA 90245 US

Title: VP ( ) Delete  
Name: SEAY, H.W. GUY  
Address: 601 HAWAII STREET  
City-St-Zip: EL SEGUNDO, CA 90245 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: COO ( ) Change (X) Addition  
Name: KOGOD, DENNIS  
Address: 601 HAWAII STREET  
City-St-Zip: EL SEGUNDO, CA 90245

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CORINNA POLK

AS

01/16/2009

Electronic Signature of Signing Officer or Director

Date