2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2010
Secretary of State

DOCUMENT# F00000001720

Entity Name: DVA RENAL HEALTHCARE, 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: 62-1323090 **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
Name: THIRY, KENT J
Address: 601 HAWAII STREET
City-St-Zip: EL SEGUNDO, CA 90245 US

Title: S
Name: RIVERA, KIM
Address: 601 HAWAII STREET
City-St-Zip: EL SEGUNDO, CA 90245 US

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

Title: VP
Name: MEHTA, CHET
Address: 601 HAWAII STREET
City-St-Zip: EL SEGUNDO, CA 90245

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

Title: COO
Name: KOGOD, DENNIS
Address: 601 HAWAII STREET
City-St-Zip: EL SEGUNDO, CA 90245

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: CORINNA POLK AS 01/04/2010

Electronic Signature of Signing Officer or Director Date