2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# F01000006648

Entity Name: RENAL TREATMENT CENTERS, INC.

Current Principal Place of Business:

1180 W. SWEDESFORD ROAD
BLDG. 2, #300
BERWYN, PA 19312

New Principal Place of Business:

Current Mailing Address:

601 HAWAII STREET
EL SEGUNDO, CA 90245 US

New Mailing Address:

FEI Number: 23-2518331 **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:	DCEO	( ) Delete
Name:	THIRY, KENT	
Address:	601 HAWAII ST	
City-St-Zip:	EL SEGUNDO, CA 90245	
Title:	AS	( ) Delete
Name:	POLK, CORINNA B	
Address:	601 HAWAII ST.	
City-St-Zip:	EL SEGUNDO, CA 90245	
Title:	VP	( ) Delete
Name:	BEIL, GARY	
Address:	601 HAWAII ST.	
City-St-Zip:	EL SEGUNDO, CA 90245	
Title:	COO	( ) Delete
Name:	MELLO, JOSEPH C	
Address:	601 HAWAII ST.	
City-St-Zip:	EL SEGUNDO, CA 90245	
Title:	CFO	( ) Delete
Name:	KELLY, THOMAS L	
Address:	601 HAWAII ST.	
City-St-Zip:	EL SEGUNDO, CA 90245	
Title:	CMO	( ) Delete
Name:	MCALLISTER, CHARLIE MD	
Address:	601 HAWAII ST.	
City-St-Zip:	EL SEGUNDO, CA 90245	

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:	S	(X) Change ( ) Addition
Name:	SCHOHL, JOSEPH	
Address:	601 HAWAII ST.	
City-St-Zip:	EL SEGUNDO, CA 90245	

I hereby certify that the information supplied with this filing does not qualify for the 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 B. POLK AS 04/18/2006

Electronic Signature of Signing Officer or Director — Date