

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000002767

1. Entity Name
DSI RENAL, INC.



Principal Place of Business 511 UNION STREET, SUITE 1800 NASHVILLE, TN 37219	Mailing Address 511 UNION STREET, SUITE 1800 NASHVILLE, TN 37219
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DO NOT WRITE IN THIS SPACE



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2694671	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

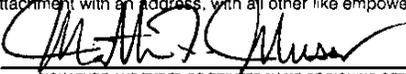
10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	TANNENBAUM, JEROME S
STREET ADDRESS	511 UNION STREET, SUITE 1800
CITY-ST-ZIP	NASHVILLE, TN 37219
TITLE	D
NAME	HARRISON, STEVE
STREET ADDRESS	511 UNION STREET, SUITE 1800
CITY-ST-ZIP	NASHVILLE, TN 37219
TITLE	DS
NAME	LEFKOVITZ, JUDY
STREET ADDRESS	511 UNION STREET, SUITE 1800
CITY-ST-ZIP	NASHVILLE, TN 37219
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/29/07-80047-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  **4/30/07** **(615) 467-035**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #