

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002767

FILED
Apr 10, 2012
Secretary of State

Entity Name: ISD RENAL, INC.

Current Principal Place of Business:

424 CHURCH STREET, SUITE 1900
NASHVILLE, TN 37219

New Principal Place of Business:

1551 WEWATTA STREET
DENVER, CO 80202

Current Mailing Address:

424 CHURCH STREET, SUITE 1900
NASHVILLE, TN 37219

New Mailing Address:

1551 WEWATTA STREET
DENVER, CO 80202

FEI Number: 20-2694671

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

OFFICERS AND DIRECTORS:

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

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

Title: AS
Name: SIDA, ARTURO
Address: 601 HAWAII STREET
City-St-Zip: EL SEGUNDO, CA 90245

Title: CFO
Name: BORGEN, LUIS A
Address: 601 HAWAII STREET
City-St-Zip: EL SEGUNDO, CA 90245 US

Title: SVP
Name: RODRIGUEZ, JAVIER J
Address: 601 HAWAII STREET
City-St-Zip: EL SEGUNDO, CA 90245

Title: VPAT
Name: GRIEGER, STEVEN I
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: ARTURO SIDA

AS

04/10/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date