


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # F06000006848 1. Entity Name RENALAB, INC.	
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Principal Place of Business 197 INTERSTATE DRIVE RICHLAND, MS 39218	Mailing Address 115 EAST PARK DR. SUITE 300 BRENTWOOD, TN 37027
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01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1694655	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP KLEIN, MICHAEL O 115 EAT PARK DR STE. 300 BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CRAWFORD, JOHN K 115 EAST PARK DR STE. 300 BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO WEILAND, DEAN 115 EAST PARK DR STE. 300 BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUNDOCK, JON M 115 EAST PARK DR. STE. 300 BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACKESY, SCOTT D 115 EAST PARK DR STE. 300 BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAYNOR, SEAN 115 EAST PARK DR. STE. 300 BRENTWOOD, TN 37027

**DO NOT WRITE
IN THIS SPACE**

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02/07/08-80045-014 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JON M. SUNDOCK

01-14-08

Date

615-661-1100

Daytime Phone #