

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90099 020 ***150.00

DOCUMENT # F93000004751

1. Entity Name
TOTAL RENAL SUPPORT SERVICES, INC.

Principal Place of Business

1423 PACIFIC AVENUE
TACOMA WA 98402
US

Mailing Address

P.O. BOX 2076
SUITE 300
TACOMA WA 98401-2076
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-4393983

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCEO** ☐ Delete
NAME **THIRY, KENT J**
STREET ADDRESS **21250 HAWTHORNE BLVD.**
CITY-ST-ZIP **TORRANCE CA**

TITLE **Chairman, CEO** ☒ Change ☐ Addition
NAME **Kent J. Thiry**
STREET ADDRESS **21250 Hawthorne Blvd. #800**
CITY-ST-ZIP **Torrance, CA 90503**

TITLE **COO** ☐ Delete
NAME **MELLO, JOSEPH C**
STREET ADDRESS **21250 HAWTHORN BLVD., STE 800**
CITY-ST-ZIP **TORRANCE CA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CFO** ☐ Delete
NAME **WHITNEY, RICHARD**
STREET ADDRESS **21250 HAWTHORNE BLVD**
CITY-ST-ZIP **TORRANCE CA 90503**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CMO** ☐ Delete
NAME **MCALLISTER, CHARLIE M.D.**
STREET ADDRESS **21250 HAWTHORNE BLVD**
CITY-ST-ZIP **TORRANCE CA 90503**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPC** ☐ Delete
NAME **BEIL, GARY**
STREET ADDRESS **1423 PACIFIC AVENUE**
CITY-ST-ZIP **TACOMA WA 98402**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPS** ☐ Delete
NAME **UDICIOUS, STEVEN ESQ**
STREET ADDRESS **21250 HAWTHORNE BLVD**
CITY-ST-ZIP **TORRANCE CA 90503**

TITLE **VP, General Counsel & Secy** ☒ Change ☐ Addition
NAME **Steven J. Udicious**
STREET ADDRESS **21250 Hawthorne Blvd. #800**
CITY-ST-ZIP **Torrance, CA 90503**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 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

STEVEN J. UDICIOUS

Date

1/24/02

Daytime Phone #

(310) 750-2076

CR2E034 (9/01)