

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90006 050 ***150.00

DOCUMENT # F93000004751

1. Entity Name
TOTAL RENAL SUPPORT SERVICES, INC.



Principal Place of Business
**21250 HAWTHORNE BLVD
STE 800
TORRANCE, CA 90503 US**

Mailing Address
**21250 HAWTHORNE BLVD
STE 800
TORRANCE, CA 90503 US**

44049701



2. Principal Place of Business
601 Hawaii St.

3. Mailing Address
601 Hawaii St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072004 Chg-P CR2E034 (10/03)

City & State
El Segundo, CA

City & State
El Segundo, CA

4. FEI Number
95-4393983

Applied For
Not Applicable

Zip
90245

Country
USA

Zip
90245

Country
USA

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. 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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CCEO THIRY, KENT J 21250 HAWTHORNE BLVD. TORRANCE, CA | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COO MELLO, JOSEPH C 21250 HAWTHORN BLVD., STE 800 TORRANCE, CA | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO WHITNEY, RICHARD 21250 HAWTHORNE BLVD TORRANCE, CA 90503 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CMO MCALLISTER, CHARLIE M.D. 21250 HAWTHORNE BLVD TORRANCE, CA 90503 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPC BEIL, GARY 1423 PACIFIC AVENUE TACOMA, WA 98402 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPCS UDICIOUS, STEVEN ESQ 21250 HAWTHORNE BLVD TORRANCE, CA 90503 | <input checked="" type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CCEO Kent J. Thiry 601 Hawaii St. El Segundo, CA 90245 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COO Joseph C. Mello 601 Hawaii St. El Segundo, CA 90245 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO Richard K. Whitney 601 Hawaii St. El Segundo, CA 90245 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CMO Charlie McAllister, M.D. 601 Hawaii St. El Segundo, CA 90245 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Assistant Secretary David Manheim 601 Hawaii St. El Segundo, CA 90245 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Guy Seay 601 Hawaii St. El Segundo, CA 90245 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David Manheim

David Manheim, Asst Secretary 7/8/04 (310)536-2604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #