## 2004 FOR PROFIT CORPORATION ANNUAL REPORT



| DOCUMENT # F9300004751  1. Entity Name TOTAL RENAL SUPPORT SERVICES, INC.  |  |  |  |  |   | 07-26-2004 90006 050 ***150.00   |                |                            |                     |  |
|--|--|--|--|--|---|--|----------------|----------------------------|---------------------|--|
| Principal Place of Business 21250 HAWTHORNE BLVD STE 800 TORRANCE, CA 90503 US   |  | Mailing Address 21250 HAWTHORNE BLVD STE 800 TORRANCE, CA 90503 US |  |  |   |  |                |                            |                     |  |
| 2. Principal Place of Business 601 Hawaii St. Suite, Apt. #, etc.  |  | 3. Mailing Address 601 Hawaii St. Suite, Apt. #, etc.              |  | 07072004   | Chg-P   | CR2E034  |                |                            |                     |  |
| City & State E1 Segundo, CA  |  | City & State El Segundo, CA  |  | 4. FEI Number<br>95-4393   |   | ONELOS-  | Ар             | plied For                  |                     |  |
| Zip  | Country  | Zip  | Country  | у  |   |  | \$i            | 8.75 Add                   |                     |  |
| 90245  | USA  | 90245  | Ų  | SA   | 5. Certificate of   | Status Desired   |                | e Required                 |                     |  |
| 6. Name and Address of Current Registered Agent  |  |  |  |  | 7. Name and Address of New Registered Agent   |  |                |                            |                     |  |
| CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND RD  |  |  | -  | Name Street Address (P.O. Box Number is Not Acceptable)  |   |  |                |                            |                     |  |
| PLANTATI   | ON, FL 33324   |  |  |  |   |  |                |                            |                     |  |
|  | *  |  |  | City   |   |  | FL             | Zip Code                   | i                   |  |
|  | named entity submits this statement for ions of registered agent.  | the purpose of changing its r                                      | registered   | d office or register   | red agent, or both,   | , in the State of Flor   | rida. I am far | miliar with,               | and accept          |  |
| SIGNATURE_   | Signature, typed or printed name of registered agent a   | nd title if applicable. (NOTE:                                     | : Registered /   | Agent signature required   | d when reinstating)   |  | DATE           |                            |                     |  |
|  | LE NOW!!! FEE IS \$150.00<br>ue by September 8, 2004   | 9. Election Campaig Trust Fund Contri                              |  |  |   | In accordance wi   |                |                            |                     |  |
| 10.  | <u> </u>   | PIDECTORS  | 144  |  | ADDITIONS (O  | LIANOEO TO OFFIC   | OEDO AND E     | VDEOTODO                   |                     |  |
| TITLE  | CCEO '   | DIRECTORS Delete   | 11.  | CCEC   |   | HANGES TO OFFIC  |                | Change                     | Addition            |  |
| NAME   | THIRY, KENT J  | Superete   | NAME.  |  | J. Thiry  | 7  | ,              | - Onlingo                  | L AGRICOI           |  |
| STREET ADDRESS   | 21250 HAWTHORNE BLVD.  |  | STREET   | I  | Hawaii St   |  |                |                            |                     |  |
| CHY-ST-ZIP   | TORRANCE, CA   |  | CITY-S   | ST. 71P 17:11 C  |   |  |                |                            |                     |  |
| TITLE  | coo  |  |  | , БТ 2   | egundo, C   | CA 90245   |                |                            |                     |  |
| NAME<br>STREET ADDRESS   |  | Delete   | TITLE  | COO  |   | CA 90245   | ¥              | <b>≠</b> Change            | ☐ Addition          |  |
| STREET AUDITESS  | MELLO, JOSEPH C  |  | NAME   | COO<br>Jose  | egundo, C   | 110  | ¥              | <b>≠</b> Change            | Addition            |  |
| CITY-ST-ZIP  | 21250 HAWTHORN BLVD., STE  |  | NAME<br>Street   | COO<br>Jose  | egundo, C   | 110  | ¥              | <b>⊄</b> Change            | ☐ Addition          |  |
|  |  | 800  | NAME<br>STREET<br>CITY-S   | COO<br>Jose<br>601<br>E1 S   | Segundo, C  | 110  |                |                            |                     |  |
| CITY-ST-ZIP  TITLE  NAME   | 21250 HAWTHORN BLVD., STE<br>TORRANCE, CA  |  | NAME<br>Street   | COO<br>Jose<br>601<br>E1 S   | Segundo, C<br>eph C. Mel<br>Hawaii St<br>Segundo, C   | llo<br>CÅ 90245  |                | Change Change Change       | Addition . Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS  | 21250 HAWTHORN BLVD., STE<br>TORRANCE, CA<br>CFO<br>WHITNEY, RICHARD<br>21250 HAWTHORNE BLVD   | 800  | NAME<br>STREET<br>CITY-S<br>TITLE<br>NAME  | COO JOSE 601 E1 ST-ZIP CFO Rich 601  | Segundo, C<br>eph C. Mel<br>Hawaii St<br>Segundo, C<br>nard K. Wh<br>Hawaii St  | llo<br>CÅ 90245<br>Litney  |                |                            |                     |  |
| TITLE<br>NAME  | 21250 HAWTHORN BLVD., STE<br>TORRANCE, CA<br>CFO<br>WHITNEY, RICHARD   | 800<br>Selete  | NAME<br>STREET<br>CITY-S<br>TITLE<br>NAME  | TADDRESS COO Jose 601 E1 S CFO Rich 601 ST-ZIP E1 S  | Segundo, C<br>eph C. Mel<br>Hawaii St<br>Segundo, C<br>aard K. Wh   | llo<br>CÅ 90245<br>Litney  |                |                            |                     |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | 21250 HAWTHORN BLVD., STE<br>TORRANCE, CA<br>CFO<br>WHITNEY, RICHARD<br>21250 HAWTHORNE BLVD<br>TORRANCE, CA 90503   | 800  | NAME STREET CITY-S TITLE NAME STREET CITY-S  | TADDRESS COO JOSE 601 ST-ZIP CFO Rich 601 ST-ZIP E1 S  | Segundo, Ceph C. Mel<br>Hawaii St<br>Segundo, Ce<br>Hawaii St<br>Segundo, C   | 110<br>CA 90245<br>nitney<br>CA 90245                                  | S.             |                            |                     |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | 21250 HAWTHORN BLVD., STE<br>TORRANCE, CA<br>CFO<br>WHITNEY, RICHARD<br>21250 HAWTHORNE BLVD<br>TORRANCE, CA 90503<br>CMO TMCALLISTER, CHARLIE M.D.  | 800<br>Selete  | NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME   | TADDRESS COO JOSE 601 E1 S CFO Rich FADDRESS 601 ST-ZIP E1 S CMO Char  | Segundo, Ceph C. Mel<br>Hawaii St<br>Segundo, Ce<br>Mard K. Wh<br>Hawaii St<br>Segundo, Ce  | 110<br>24 90245<br>11tney<br>1.<br>2A 90245<br>11ster, M.              | S.             | <b>∡</b> Change            | . Addition          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | 21250 HAWTHORN BLVD., STE<br>TORRANCE, CA<br>CFO<br>WHITNEY, RICHARD<br>21250 HAWTHORNE BLVD<br>TORRANCE, CA 90503   | 800<br>Selete  | NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME   | TADDRESS 601 ST-ZIP CFO Rich 601 ST-ZIP E1 S CMO Char ADDRESS 601  | Segundo, Ceph C. Mel<br>Hawaii St<br>Segundo, Ce<br>Hawaii St<br>Segundo, Ce<br>Clie McAll<br>Hawaii S  | Llo<br>EA 90245<br>Litney<br>CA 90245<br>Lister, M.                    | S.             | <b>∡</b> Change            | . Addition          |  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | 21250 HAWTHORN BLVD., STE<br>TORRÄNCE, CA<br>CFO<br>WHITNEY, RICHARD<br>21250 HAWTHORNE BLVD<br>TORRANCE, CA 90503<br>CMO TMCALLISTER, CHARLIE M.D.<br>21250 HAWTHORNE BLVD  | BOO Delete  ✓ Delete   | NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET  | TADDRESS 601 51-ZIP CFO Rich 601 51-ZIP CMO Char ADDRESS 601 ST-ZIP E1 S   | Segundo, Ceph C. Mel<br>Hawaii St<br>Segundo, Chard K. Wh<br>Hawaii St<br>Segundo, Celie McAll<br>Hawaii St<br>Segundo, Ce  | 110<br>CA 90245<br>CA 90245<br>Lister, M.                              | D.             | <b>∡</b> Change            | . Addition          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | 21250 HAWTHORN BLVD., STE<br>TORRANCE, CA  CFO WHITNEY, RICHARD 21250 HAWTHORNE BLVD TORRANCE, CA 90503  CMO MCALLISTER, CHARLIE M.D. 21250 HAWTHORNE BLVD TORRANCE, CA 90503  | 800<br>Selete  | NAME SIREET CITY-S TITLE NAME SIREET CITY-S TITLE NAME SIREET CITY-S   | TADDRESS COO JOSE 601 ST-ZIP CFO Rich 1 ADDRESS CMO Char ST-ZIP E1 ST-ZIP E1 ST-ZIP ASSI   | Segundo, Ceph C. Mel<br>Hawaii St<br>Segundo, Ce<br>Hawaii St<br>Segundo, Ce<br>Clie McAll<br>Hawaii S<br>Segundo, Ce<br>Segundo, Ce  | Lio<br>DA 90245<br>Lister, M.<br>t.<br>CA 90245<br>Eretary             | D.             | ☑ Change<br>☑ Change       | Addition Addition   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | 21250 HAWTHORN BLVD., STE TORRANCE, CA  CFO WHITNEY, RICHARD 21250 HAWTHORNE BLVD TORRANCE, CA 90503  CMO MCALLISTER, CHARLIE M.D. 21250 HAWTHORNE BLVD TORRANCE, CA 90503  VPC BEIL, GARY 1423 PACIFIC AVENUE   | BOO Delete  ✓ Delete   | NAME SIREET CITY-S TITLE NAME SIREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S                          | TADDRESS COO JOSE 601 ST-ZIP CFO Rich 601 ST-ZIP CMO Char ADDRESS 601 ST-ZIP E1 S CMO Char 601 ST-ZIP ASSI David 601   | Segundo, Ceph C. Mel<br>Hawaii St<br>Begundo, Ce<br>Hawaii St<br>Segundo, Celie McAll<br>Hawaii St<br>Segundo, Celie McAll<br>Hawaii St<br>Segundo, Celie McAll<br>Hawaii St<br>Istant Sec<br>IddManheim<br>Hawaii St | 110<br>CA 90245<br>CA 90245<br>Lister, M.<br>t.<br>CA 90245<br>Cretary | D.             | ☑ Change<br>☑ Change       | Addition Addition   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP  | 21250 HAWTHORN BLVD., STE TORRANCE, CA  CFO WHITNEY, RICHARD 21250 HAWTHORNE BLVD TORRANCE, CA 90503  CMO MCALLISTER, CHARLIE M.D. 21250 HAWTHORNE BLVD TORRANCE, CA 90503  VPC BEIL, GARY 1423 PACIFIC AVENUE TACOMA, WA 98402                            | Delete  Delete   | NAME SIREET CITY-S TITLE NAME SIREET CITY-S TITLE NAME SIREET CITY-S TITLE NAME SIREET CITY-S                          | TADDRESS COO JOSE 601 ST-ZIP CFO Rich 601 ST-ZIP CMO Char ADDRESS 601 ST-ZIP E1 S ASSI David 601 E1 S ST-ZIP E1 S  | Segundo, Ceph C. Mel<br>Hawaii St<br>Segundo, Ce<br>Hawaii St<br>Segundo, Ce<br>Clie McAll<br>Hawaii S<br>Segundo, Ce<br>Segundo, Ce  | 110<br>CA 90245<br>CA 90245<br>Lister, M.<br>t.<br>CA 90245<br>Cretary | D              | ☑ Change ☑ Change ☐ Change | Addition  Addition  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE | 21250 HAWTHORN BLVD., STE TORRANCE, CA  CFO WHITNEY, RICHARD 21250 HAWTHORNE BLVD TORRANCE, CA 90503  CMO MCALLISTER, CHARLIE M.D. 21250 HAWTHORNE BLVD TORRANCE, CA 90503  VPC BEIL, GARY 1423 PACIFIC AVENUE TACOMA, WA 98402  VPCS                      | BOO Delete  ✓ Delete   | NAME SIREET CITY-S TITLE NAME SIREET CITY-S TITLE NAME SIREET CITY-S TITLE NAME SIREET CITY-S TITLE NAME SIREET CITY-S | TADDRESS 601 ST-ZIP E1 S CMO Char 601 ST-ZIP E1 S CMO   | Segundo, Ceph C. Mel<br>Hawaii St<br>Segundo, Ce<br>Hawaii St<br>Segundo, Ce<br>Clie McAll<br>Hawaii St<br>Segundo, Ce<br>Segundo, Ce<br>Stant Sec<br>EddManheim<br>Hawaii St<br>Segundo, Ce                          | 110<br>CA 90245<br>CA 90245<br>Lister, M.<br>t.<br>CA 90245<br>Cretary | D              | ☑ Change<br>☑ Change       | Addition Addition   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP  | 21250 HAWTHORN BLVD., STE TORRANCE, CA  CFO WHITNEY, RICHARD 21250 HAWTHORNE BLVD TORRANCE, CA 90503  CMO MCALLISTER, CHARLIE M.D. 21250 HAWTHORNE BLVD TORRANCE, CA 90503  VPC BEIL, GARY 1423 PACIFIC AVENUE TACOMA, WA 98402  VPCS UDICIOUS, STEVEN ESQ | Delete  Delete   | NAME SIREET CITY-S TITLE NAME SIREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S | TADDRESS 601 ST-ZIP CFO Rich 601 ST-ZIP E1 ST-ZIP S | Segundo, Ceph C. Mel<br>Hawaii St<br>Segundo, Ce<br>Hawaii St<br>Segundo, Ce<br>Tie McAli<br>Hawaii St<br>Segundo, Ce<br>Segundo, Ce<br>Segundo, Ce<br>Segundo, Ce<br>Segundo, Ce<br>Seay                             | Lio<br>CA 90245<br>Lister, M.<br>t.<br>CA 90245<br>CA 90245<br>Cretary | D              | ☑ Change ☑ Change ☐ Change | Addition  Addition  |  |
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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.

David Manheim, Asst Secretary 7/8/04 (310)536-2604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylore Phone #