#### FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9600006831

RENAL TREATMENT CENTERS - SOUTHEAST, INC.

Principal Place of Business Mailing Address 1180 W SWEDESFORD RD BLDG 2 #300 1180 W SWEDESFORD RD BLDG 2 #300

## **FILED** Aug 04, 1999 8:00 am Secretary of State

08-04-1999 90005 010 \*\*\*550.00



BEWIN PA 193	112	DEMIN LY 12015			DO NOT WE	DO NOT WRITE IN THIS SPACE			
					<ol> <li>Date Incorporated or Qualife 12/27/1996</li> </ol>	d			
2. Principal P	lace of Business	2a. Mailing Address		_	4. FEI Number	_	Ar	plied For	
21		26			23-2791135		No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
City & Stat	e	City & State			6. Election Campaign Financing		\$5.00	Mav Be	
23		28			Trust Fund Contribution	' <sub>□</sub>	Added	o Fees	
Zip	Country	Zip	Countr	у	8. This corporation owes the cu	rrent year Int	angible		
24	25	29	0		Personal Property Tax.		Yes	□No	
	9. Name and Address of Current	Registered Agent		Name	10. Name and Address of New	Registered	Age <u>nt</u>		
8									
CORPORATION SERVICE COMPANY 1201 HAYS STREET				82 Street Address (P.O. Box Number is Not Acceptable)					
IALL	AHASSEE FL 32301-2525		83	3	•				
			84	1 City			85 Zip	Code	
				1		FL			
office at E	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligations.	f Florida. Such change was auf	horized by	≠ the como	corporation submits this statement for the pration's board of directors. I hereby acc	e purpose of ept the appoin	changing its ntment as re	registered gistered	
SIGNATURE		and title it applicable (NOTE: D	looistared Ag	not eignosture re	equired when reinstating)	DATE			
12.	Signature, typed or printed name of registered agent OFFICERS AND	t	13.	ant admature re	ADDITIONS/CHANGES TO C		D DIRECTO	RS IN 12	
TITLE	DCP	DELETE	1.1 TITLE				Change	Addition	
NAME	MAYER, ROBERT L JR		1.2 NAME		See attachment	mt .			
STREET ADDRESS				ET ADDRESS	Dec occusion :	Occ version			
CITY-ST-ZIP				ST-ZIP	•				
TITLE	DCVT	☐ DELETE	2.1 TITLE				Change	Addition	
NAME	JANSEN, FREDERICK C		2.2 NAME						
STREET ADDRESS	AAAA IN AMEDEARADA DA BI DO A KAAA			T ADDRESS					
CITY-ST-ZIP				.ST-ZIP ;					
TITLE	DV	DELETE	3.1 TITLE	_		<del>-</del>	Change T	☐ Addition	
NAME	BEDNAR, BARBARA		3.2 NAME						
STREET ADDRESS	1180 W SWEDESFORD RD BLD	G 2 #300	3.3 STREI	ET ADDRESS					
CITY-ST-ZIP	BEWYN PA 19312		3.4. CITY-	ST-ZIP					
TITLE	VS	DELETE	4.1 TITLE				Change	☐ Addition	
NAME	KARL, THOMAS J		4. 2 NAME	.					
STREET ADORESS	1180 W SWEDESFORD RD BLD	G 2 #300	4.3 STREE	ET ADDRESS					
CITY-ST-ZIP	BEWYN PA 19312		4.4 CITY-	ST-ZIP		_		<del></del>	
TITLE	S	☑ DELETE	5.1 TITLE	_ [			Change	☐ Addition	
NAME	RODGERS, RONALD H		5.2 NAME					,	
STREET ADDRESS	1180 W SWEDESFORD RD BLD	G 2 #300	5.3 STRE	ET ADDRESS	·				
CITY-ST-ZIP	BEWYN PA 19312		5.4 CITY-						
TITLE		☐ DELETE	6.1 TITLE	1			☐ Change	☐ Addition	
NAME.			6.2 NAME	·					
STREET ADDRESS			6.3 STRE	ET ADDRESS					
CITY-ST-ZIP		1	6.4 CITY-	ST-ZIP					

14. 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 annual report or supplemental annual report is the 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED MADE OF SIGNING OFFICER OR DIRECTOR
BOXYU. C. COSOYOVE, ST. V. P. GENEVAL C.

# ATTACHMENT CORPORATE DIRECTORS AND OFFICERS OF RENAL TREATMENT CENTERS MANAGEMENT ACQUISITION, INC.

## **Directors**

Victor M.G. Chaltiel 21250 Hawthorne Blvd. Torrance, CA 90503

Leonard W. Frie 21250 Hawthorne Blvd. Torrance, CA 90503

## **Officers**

Victor M.G. Chaltiel Chairman & Chief Executive Officer 21250 Hawthorne Blvd. Torrance, CA 90503

George DeHuff, M
President & Chief Operations Officer
21250 Hawthorne Blvd.
Torrance, CA 90503

Leonard W. Frie Executive Vice President 21250 Hawthorne Blvd. Torrance, CA 90503

Stan M. Lindenfeld, M.D.

Sr. Vice President, Quality Management & Chief Medical Officer
21250 Hawthorne Blvd.
Torrance, CA 90503

Barry C. Cosgrove, Esq. Sr. Vice President, General Counsel & Secretary 21250 Hawthorne Blvd. Torrance, CA 90503

John E. King
Sr. Vice President & Chief Financial Officer
21250 Hawthorne Blvd.
Torrance, CA 90503