2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 08, 2000 8:00 am DOCUMENT # F96000006831 **Secretary of State** 1. Entity Name RENAL TREATMENT CENTERS - SOUTHEAST, INC. 02-08-2000 90164 026 ***150.00 Principal Place of Business Mailing Address 1180 W SWEDESFORD RD BLDG 2 #300 1180 W SWEDESFORD RD BLDG 2 #300 BEWYN PA 19312-1077 H0016375 BEWYN PA 19312 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 23-2791135 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ----- 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 chairman + chief Executive & Change TITLE TITLE Delete ent I. Think NAME NAME CHALTIEL, VICTOR M G 2) 250 HawHobme BlvD., Suite 800 STREET ADDRESS STREET ADDRESS 21250 HAWTHORNE BLVD Tomance, CA 90503 CITY-ST-ZIP CITY-ST-ZIP **TORRANCE CA 90503** Delete ☐ Change TITLE TITLE NAME FRIE, LEONARD W STREET ADDRESS STREET ADDRESS 21250 HAWTHORNE BLVD CITY-ST-ZIP CITY-ST-ZIP TORRANCE CA 90503 PC00----Delete TITLE TITLE- - --NAME NAME DEHUFF.III. GEORGE STREET ADDRESS 21250 HAWTHORNE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TORRANCE CA 90503 1.150 ☐ Change TITLE SQC ☐ Delete TITLE NAME LINDENFELD, MD. STAN M NAME STREET ADDRESS STREET ADDRESS 21250 HAWTHORNE BLVD CITY-ST-7iP CITY-ST-ZIP **TORRANCE CA 90503** ☐ Change Detete TITLE TITLE SGS NAME COSGROVE, BARRY C STREET ADDRESS STREET ADDRESS 21250 HAWTHORNE BLVD CITY-ST-ZIP CITY-ST-ZIP TORRANCE CA_90503 Delete Change TITLE TITLE SVCQ NAME NAME KING. JOHN E STREET ADDRESS STREET ADDRESS 21250 HAWTHORNE BLVD CITY-ST-ZIP CITY-ST-ZIP **TORRANCE CA 90503**

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 changed, or on an attachment with an other like empower COSGROVE SENIOR VICE PRESIDENT AND GENERAL COUNSEL SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #