

# 2001 UNIFORM BUSINESS REPORT (UBR) *Florida*

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90340 044 \*\*\*150.00

DOCUMENT # F96000006831

1. Entity Name

Renal Treatment Centers - Southeast, Inc.

Principal Place of Business

Mailing Address

21750 Hawthorne Ave. #800 same  
 TORRANCE, CA 90503

845093

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-2791135

Applied For

Not Applicable

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 Road  
 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, 2001 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

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TITLE NAME STREET ADDRESS CITY - ST - ZIP	See Attachment 1 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

Daytime Phone #

CR2E034 (11/00)

Attachment 1

845093

#F96000006831

**CORPORATE DIRECTORS AND OFFICERS OF RENAL TREATMENT  
CENTERS -SOUTHEAST, INC.**

**Director**

**Kent J. Thiry**  
21250 Hawthorne Blvd.  
Torrance, CA 90503

**Officers**

**Kent J. Thiry**  
Chairman & Chief Executive Officer  
21250 Hawthorne Blvd.  
Torrance, CA 90503

**Joseph C. Mello**  
Chief Operating Officer  
21250 Hawthorne Blvd.  
Torrance, CA 90503

**Richard Whitney**  
Chief Financial Officer  
21250 Hawthorne Blvd.  
Torrance, CA 90503

**Charlie McAllister, M.D.**  
Chief Medical Officer  
21250 Hawthorne Blvd.  
Torrance, CA 90503

**Gary Beil**  
Vice President & Controller  
1423 Pacific Avenue  
Tacoma, WA 98402

**Steven Udicious, Esq.**  
V.P., General Counsel & Secretary  
21250 Hawthorne Blvd.  
Torrance, CA 90503