

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J88178

FILED
May 01, 2006
Secretary of State

Entity Name: RENAL CARE GROUP OF THE SOUTHEAST, INC.

Current Principal Place of Business:

2114 AIRPORT BLVD
SUITE #1150
PENSACOLA, FL 325048926 US

New Principal Place of Business:

Current Mailing Address:

2525 WEST END AVE
STE 600
NASHVILLE, TN 37203 US

New Mailing Address:

FEI Number: 59-2851389 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: GARY, BRUKARDT A
Address: 2525 WEST END AVE STE 600
City-St-Zip: NASHVILLE, TN 37203 US

Title: VPS () Delete
Name: CHAPPELL, DOUGLAS B
Address: 2525 WEST END AVE STE 600
City-St-Zip: NASHVILLE, TN

Title: VPD (X) Delete
Name: DILL, DAVID M
Address: 2525 WEST END AVENUE, SUITE 600
City-St-Zip: NASHVILLE, TN 37203 US

Title: VP (X) Delete
Name: HAKIM, RAYMOND M
Address: 2525 WEST END AVENUE, SUITE 600
City-St-Zip: NASHVILLE, TN 37203 US

Title: VP (X) Delete
Name: MARTIN, TIMOTHY P
Address: 2525 WEST END AVENUE, SUITE 600
City-St-Zip: NASHVILLE, TN 37203 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WAHLSTROM, MATS
Address: 95 HAYDEN AVENUE
City-St-Zip: LEXINGTON, MA 02420 US

Title: SEC (X) Change () Addition
Name: KOTT, DOUGLAS G
Address: 95 HAYDEN AVENUE
City-St-Zip: LEXINGTON, MA 02420 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS G. KOTT

SEC

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date