2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2006
Secretary of State

DOCUMENT# P05000134405

Entity Name: SPECIAL RENAL SERVICES, INC.

Current Principal Place of Business:

2300 GLADES ROAD, SUITE 202 WEST
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2300 GLADES ROAD, SUITE 202 WEST
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 20-3571341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHALLER, NELSON R
2300 GLADES ROAD, SUITE 202 WEST
BOCA RATON, FL 33431 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO ( ) Change (X) Addition
Name: SHALLER, NELSON R MR.
Address: 2300 GLADES RD., SUITE 202W
City-St-Zip: BOCA RATON, FL 33431 US

Title: PRES ( ) Change (X) Addition
Name: MCDONNELL, KATHLEEN MS.
Address: 2300 GLADES RD., SUITE 202W
City-St-Zip: BOCA RATON, FL 33431 US

Title: SEC. ( ) Change (X) Addition
Name: LUSSO, CLIFFORD J MR.
Address: 288 WALNUT ST., SUITE 240
City-St-Zip: NEWTON, MA 02460 US

Title: TREA ( ) Change (X) Addition
Name: LUSSO, CLIFFORD J MR.
Address: 288 WALNUT ST., SUITE 240
City-St-Zip: NEWTON, MA 02460 US

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: CLIFFORD J. LUSSO SECR 05/18/2006

Electronic Signature of Signing Officer or Director — Date