

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000134405

FILED  
Mar 27, 2007  
Secretary of State

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:

5200 NW 33RD AVE.  
SUITE 218  
FORT LAUDERDALE, FL 33309

## Current Mailing Address:

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

## New Mailing Address:

6001 BROKEN SOUND PARKWAY  
SUITE 502  
BOCA RATON, FL 33487

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:

SHALLER, NELSON R  
6001 BROKEN SOUND PARKWAY  
SUITE 502  
BOCA RATON, FL 33487 US

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:

03/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

Title: TREAS (X) Delete  
Name: LUSO, CLIFFORD J MR.  
Address: 288 WALNUT ST., SUITE 240  
City-St-Zip: NEWTON, MA 02460 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: SHALLER, NELSON R MR.  
Address: 6001 BROKEN SOUND PARKWAY SUITE 502  
City-St-Zip: BOCA RATON, FL 33487 US

Title: PRES (X) Change ( ) Addition  
Name: MCDONNELL, KATHLEEN MS.  
Address: 6001 BROKEN SOUND PARKWAY SUITE 502  
City-St-Zip: BOCA RATON, FL 33487 US

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: NELSON R. SHALLER

CEO

03/27/2007

Electronic Signature of Signing Officer or Director

Date