

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P30615

FILED
Apr 18, 2006
Secretary of State

Entity Name: TOTAL RENAL CARE, INC.

Current Principal Place of Business:

601 HAWAII STREET
EL SEGUNDO, CA 90245 US

New Principal Place of Business:

Current Mailing Address:

601 HAWAII STREET
EL SEGUNDO, CA 90245 US

New Mailing Address:

FEI Number: 95-3372911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: KENT, THIRY J
Address: 601 HAWAII STREET
City-St-Zip: EL SEGUNDO, CA 90245

Title: COO () Delete
Name: MELLO, JOSEPH
Address: 601 HAWAII STREET
City-St-Zip: EL SEGUNDO, CA 90245

Title: VPS () Delete
Name: SCHOHL, JOSEPH
Address: 601 HAWAII STREET
City-St-Zip: EL SEGUNDO, CA 90245

Title: CFO () Delete
Name: KELLY, THOMAS L
Address: 601 HAWAII STREET
City-St-Zip: EL SEGUNDO, CA 90245

Title: VPC () Delete
Name: BEIL, GARY
Address: 1423 PACIFIC AVE
City-St-Zip: TACOMA, WA 98402

Title: CMO () Delete
Name: MCALLISTER, CHARLIE
Address: 601 HAWAII STREET
City-St-Zip: EL SEGUNDO, CA 90245

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: AS (X) Change () Addition
Name: POLK, CORINNA
Address: 601 HAWAII STREET
City-St-Zip: EL SEGUNDO, CA 90245

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: CORINNA B. POLK

AS

04/18/2006

Electronic Signature of Signing Officer or Director

Date