

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90291 046 \*\*\*150.00

**DOCUMENT # P93000038433**

1. Entity Name  
**FLAMINGO PARK KIDNEY CENTER, INC.**

Principal Place of Business <b>7815 CORAL WAY #115          MIAMI FL 33155</b>	Mailing Address <b>P.O. BOX 2076          TACOMA WA 98401          US</b>
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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 <b>65-0431823</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCO DEHUFF, GEORGE G III 21250 HAWTHORNE BLVD SUITE 800 TORRANCE CA</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS COSGROVE, BARRY C 21250 HAWTHORNE BLVD SUITE 800 TORRANCE CA</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEE ATTACHMENT 1</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: DATE: **1/11/01** DAYTIME PHONE #: **310-750-2074**

CR2E034 (10/00)

Document # P93000038433  
Attachment 1

**CORPORATE DIRECTORS AND OFFICERS OF FLAMINGO PARK KIDNEY  
CENTER, 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