### 2001 UNIFORM BUSINESS REPORT (UBR)

#### Feb 03, 2001 8:00 am Secretary of State DOCUMENT # P93000038433 FLAMINGO PARK KIDNEY CENTER, INC. 02-03-2001 90291 046 \*\*\*150.00 Principal Place of Business Mailing Address 7815 CORAL WAY #115 P.O. BOX 2076 MIAMI FL 33155 TACOMA WA 98401 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0431823 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PCO ☐ Addition ☐ Change Delete TITLE TITLE DEHUFF, GEORGE G III NAME NAMÉ 21250 HAWTHORNE BLVD SUITE 800 STREET ADDRESS STREET ADDRESS TORRANCE CA CITY-ST-ZIP CITY-ST-ZIP **VPS** Addition ☐ Change TITLE ■ Delete TITLE COSGROVE, BARRY C NAME NAME 21250 HAWTHORNE BLVD SUITE 800 STREET ADDRESS STREET ADDRESS TORRANCE CA CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE WEE GITACHMENT TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change □ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 truette empoyer after execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

ke empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

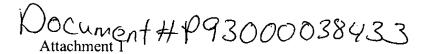
of the corporation or the receiver or truchanged, or on an attachment with a

SIGNATURE:

address

SIGNATURE AND TYPED OF

FILED



# 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