



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 103443		2. Name of Corporation TOTAL RENAL CARE, INC.			
3. Street Address Principal Business Office 601 Hawaii Street			City El Segundo	State CA	Zip 90245
4. Business Phone No. 310-536-2400		5. State of Incorporation CALIFORNIA			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE TREATMENT TO END-STAGE RENAL DISEASE (ERSO)PATIENTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kent J. Thiry			Vice President Name Executive VP Thomas L. Kelly		
Street Address 601 Hawaii Street.			Street Address 601 Hawaii Street		
City El Segundo	State CA	Zip 90245	City El Segundo	State CA	Zip 90245
Secretary Name VP, General Counsel & Secretary Joseph Schohl			Treasurer Name Chief Financial Officer Denise K. Fletcher		
Street Address 601 Hawaii Street			Street Address 601 Hawaii Street		
City El Segundo	State CA	Zip 90245	City El Segundo	State CA	Zip 90245
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kent J. Thiry			Director Name		
Street Address 601 Hawaii Street			Street Address		
City El Segundo	State CA	Zip 90245	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			100	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



103443

File Date 2-22-05
Check No. 1771280
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/8/05
Signature of Officer Date
Corinna B. Polk
Print or Type Name of Officer
Assistant Secretary
Title of Officer



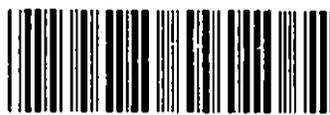
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 103443		2. Name of Corporation TOTAL RENAL CARE, INC.			
3. Street Address Principal Business Office 601 Hawaii Street			City El Segundo	State CA	Zip 90245
4. Business Phone No. (310) 536-2400		5. State of Incorporation CALIFORNIA		6. SIC Code 0	
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE TREATMENT TO END-STAGE RENAL DISEASE (ERSO)PATIENTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kent J. Thiry			Vice President Name Guy Seay		
Street Address 601 Hawaii Street			Street Address 601 Hawaii Street		
City El Segundo	State CA	Zip 90245	City El Segundo	State CA	Zip 90245
Secretary Name Patrick A. Braderick			Treasurer Name Richard K. Whitney		
Street Address 601 Hawaii Street			Street Address 601 Hawaii Street		
City El Segundo	State CA	Zip 90245	City El Segundo	State CA	Zip 90245
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kent J. Thiry			Director Name Joseph C. Mello		
Street Address 601 Hawaii Street			Street Address 601 Hawaii Street		
City El Segundo	State CA	Zip 90245	City El Segundo	State CA	Zip 90245
Director Name Richard K. Whitney			Director Name		
Street Address 601 Hawaii Street			Street Address		
City El Segundo	State CA	Zip 90245	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			100	Common	\$ 1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 3 4 4 3 *

File Date 3.8.04
Check No. 1577152
By: 100

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Patrick A. Braderick 2/3/04
Signature of Officer Date
Patrick A. Braderick
Print or Type Name of Officer
VP, General Counsel & Secretary
Title of Officer

Attachment 1

**CORPORATE DIRECTORS AND OFFICERS OF
TOTAL RENAL CARE, INC.**

Directors

Kent J. Thiry
Chairman & Chief Executive Officer
601 Hawaii Street
El Segundo, CA 90245

Joseph C. Mello
Chief Operating Officer
601 Hawaii Street
El Segundo, CA 90245

Richard K. Whitney
Chief Financial Officer
601 Hawaii Street
El Segundo, CA 90245

Officers

Kent J. Thiry
Chairman & Chief Executive Officer
601 Hawaii Street
El Segundo, CA 90245

Joseph C. Mello
Chief Operating Officer
601 Hawaii Street
El Segundo, CA 90245

Patrick A. Broderick
Vice President, General Counsel and Secretary
601 Hawaii Street
El Segundo, CA 90245

Richard K. Whitney
Chief Financial Officer
601 Hawaii Street
El Segundo, CA 90245

Gary Beil
Vice President & Controller
1423 Pacific Avenue
Tacoma, WA 98402

Charles J. McAllister, M.D.
Chief Medical Officer
601 Hawaii Street
El Segundo, CA 90245

Lori S. Richardson Pelliccioni
Vice President, Compliance & Chief Compliance Officer
601 Hawaii Street
El Segundo, CA 90245

Guy Seay
Vice President
601 Hawaii Street
El Segundo, CA 90245

David I. Manheim
Assistant Secretary
601 Hawaii Street
El Segundo, CA 90245

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 103443
2. Name of Corporation TOTAL RENAL CARE, INC.
3. Street Address Principal Business Office
21250 Hawthorne Blvd., Suite 800
4. Business Phone No. (310) 750-2252
5. State of Incorporation CALIFORNIA
7. Brief Description of the Character of Business Conducted in Rhode Island
Kidney Dialysis Services

City Torrance State CA Zip 90503
6. SIC Code 0

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **X** FILL IN SPACES BEFORE USING ATTACHMENTS

President Name
Kent J. Thiry
Street Address
21250 Hawthorne Blvd., Suite 800
City Torrance State CA Zip 90503
Secretary Name VP & General Counsel
Steven J. Udicious
Street Address
21250 Hawthorne Blvd., Suite 800
City Torrance State CA Zip 90503

Vice President Name & Controller
Gary Bell
Street Address
1423 Pacific Ave.
City Tacoma State WA Zip 98402
Treasurer Name
Richard K. Whitney
Street Address
21250 Hawthorne Blvd., Suite 800
City Torrance State CA Zip 90503

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **X** FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name
Kent J. Thiry
Street Address
21250 Hawthorne Blvd., Suite 800
City Torrance State CA Zip 90503
Director Name
Joseph Mello
Street Address
21250 Hawthorne Blvd., Suite 800
City Torrance State CA Zip 90503

Director Name
Richard Whitney
Street Address
21250 Hawthorne Blvd., Suite 800
City Torrance State CA Zip 90503
Director Name

Street Address

City Torrance State CA Zip 90503

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common/NO NO

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 3 4 4 3 *

File Date: 3.24.03
14100 951
Check No.:
By: 2

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: Steven J. Udicious Date: 2/3/03
Print or Type Name of Officer

VP, General Counsel & Secretary
Title of Officer

**CORPORATE DIRECTORS AND OFFICERS OF
TOTAL RENAL CARE, INC.**

Directors

Joseph Mello
Chief Operating Officer
21250 Hawthorne Blvd.
Torrance, CA 90503

Kent J. Thiry
Chairman & Chief Executive Officer
21250 Hawthorne Blvd.
Torrance, CA 90503

Richard K. Whitney
Chief Financial Officer
21250 Hawthorne Blvd.
Torrance, CA 90503

Officers

Kent J. Thiry
Chairman & Chief Executive Officer
21250 Hawthorne Blvd.
Torrance, CA 90503

Joseph Mello
Chief Operating Officer
21250 Hawthorne Blvd.
Torrance, CA 90503

Steven J. Udicious
Vice President, General Counsel and Secretary
21250 Hawthorne Blvd.
Torrance, CA 90503

Richard K. Whitney
Chief Financial Officer
21250 Hawthorne Blvd.
Torrance, CA 90503

Gary Beil
Vice President & Controller
1423 Pacific Ave.
Tacoma, WA 98402

Charlie McAllister, M.D.
Chief Medical Officer
21250 Hawthorne Blvd.
Torrance, CA 90503



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **103443** 2. Name of Corporation **TOTAL RENAL CARE, INC.**

3. Street Address Principal Business Office **21250 Hawthorne Blvd., Suite 800** City **Torrance** State **CA** Zip **90278**

4. Business Phone No. **(310) 792-2600** 5. State of Incorporation **CALIFORNIA** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island
To provide kidney dialysis services to patients with end stage renal disease.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Kent J. Thiry Street Address 21250 Hawthorne Blvd., Suite 800 City Torrance State CA Zip 90503	Vice President Name Gary Beil Street Address 1423 Pacific Ave. City Tacoma State WA Zip 98402
--	--

Secretary Name Steven J. Udicious Street Address 21250 Hawthorne Blvd., Suite 800 City Torrance State CA Zip 90503	Treasurer Name (CFO) Richard K. Whitney Street Address 21250 Hawthorne Blvd., Suite 800 City Torrance State CA Zip 90503
---	---

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Kent J. Thiry Street Address 21250 Hawthorne Blvd., Suite 800 City Torrance State CA Zip 90503	Director Name Joseph Mello Street Address 21250 Hawthorne Blvd., Suite 800 City Torrance State CA Zip 90503
Director Name Richard K. Whitney Street Address 21250 Hawthorne Blvd., Suite 800 City Torrance State CA Zip 90503	

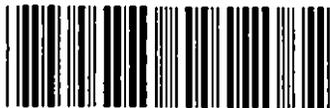
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000	COMM NO PAR VALUE	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 3 4 4 3 *

File Date: 2-19-02

Check No.: 1231781

By: KMC

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer [Signature] Date 2/14/02

Print or Type Name of Officer Steven J. Udicious

V.P., General Counsel & Secretary
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **103443** 2. Name of Corporation **TOTAL RENAL CARE, INC.**

3. Street Address Principal Business Office **21250 HAWTHORNE BL. #800** City **TORRANCE** State **CA** Zip **90503**
4. Business Phone No. **310-750-2040** 5. State of Incorporation **CALIFORNIA** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE HEMODIALYSIS SERVICES TO PATIENTS WITH END STAGE RENAL DISEASE

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name KENT TIRY Street Address 21250 HAWTHORNE BL. #800 City TORRANCE State CA Zip 90503	Vice President Name JOSEPH MELLO Street Address 21250 HAWTHORNE BL. #800 City TORRANCE State CA Zip 90503
Secretary Name STEVEN J. UDICIOUS Street Address 21250 HAWTHORNE BL. #800 City TORRANCE State CA Zip 90503	Treasurer Name RICHARD K. WHITNEY Street Address 21250 HAWTHORNE BL. #800 City TORRANCE State CA Zip 90503

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name KENT J. TIRY Street Address 21250 HAWTHORNE BL. #800 City TORRANCE State CA Zip 90503	Director Name MARIS ANDERSONS Street Address 21250 HAWTHORNE BL. #800 City TORRANCE State CA Zip 90503
Director Name SHAUL MASSRY, M.D. Street Address 21250 HAWTHORNE BL. #800 City TORRANCE State CA Zip 90503	Director Name RICHARD B. FONTAINE Street Address 21250 HAWTHORNE BL. #800 City TORRANCE State CA Zip 90503

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 COMMON/NO NO

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 3 4 4 3 *

File Date: 3/2/01

Check No.: 1050844

By: KCP

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 1-23-01

Print or Type Name of Officer

STEVEN J. UDICIOUS
VICE PRESIDENT, SECRETARY

**CORPORATE DIRECTORS & OFFICERS OF
TOTAL RENALCARE, INC.**

Directors

Kent J. Thiry
21250 Hawthorne Blvd.
Torrance, CA 90503

Maris Andersons
4115 Cresta Avenue
Santa Barbara, CA 93110

Shaul G. Massry, MD
1140 Benedict Canyon Dr.
Beverly Hills, CA 90210

Richard B. Fontaine
155 Webster Court
Park City, UT 84060

C. Raymond Larkin, Jr.
100 Warwick Court
Alamo, CA 94506

Peter Grauer
23 Smith Road
Greenwich, CT 06830

Thomas Scully
801 Pennsylvania Avenue #245
Washington, DC 20004

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 K. Whitney
Chief Financial Officer
21250 Hawthorne Blvd.
Torrance, CA 90503

Gary Bell
Vice President & Controller
1423 Pacific Avenue
Tacoma, WA 98402

Steven Udicious, Esq.
V.P. General Counsel & Secretary
21250 Hawthorne Blvd.
Torrance, CA 90503

Charlie McAllister, M.D.
Chief Medical Officer
21250 Hawthorne Blvd.
Torrance, CA 90503



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **103443** 2. Name of Corporation **TOTAL RENAL CARE, INC.**

3. Street Address Principal Business Office **21250 Hawthorne Blvd., Suite 800** City **Torrance** State **CA** Zip **90503**

4. Business Phone No. **310- 792-2600** 5. State of Incorporation **CALIFORNIA** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Provide Hemodialysis Services to Patients With End Stage Renal Disease

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **David Barry**
Street Address **21250 Hawthorne Blvd., Suite 800**
City **Torrance** State **CA** Zip **90503**

Vice President Name **Stan Lindenfeld**
Street Address **21250 Hawthorne Blvd., Suite 800**
City **Torrance** State **CA** Zip **90503**

Secretary Name **Barry C. Cosgrove**
Street Address **Same**
City State Zip

Treasurer Name **Maris Andersons**
Street Address **Same**
City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **Kent J. Thiry**
Street Address **Same**
City State Zip

Director Name **Maris Andersons**
Street Address **Same**
City State Zip

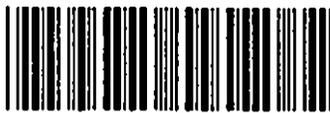
Director Name **David Barry**
Street Address **Same**
City State Zip

Director Name **Raymond Larkin**
Street Address **Same**
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common No Par Value.

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 3 4 4 3 *

File Date: **FILED**

Check No.: **FEB 14 2000**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **[Signature]**
BARRY C. COSGROVE

SENIOR VICE PRESIDENT AND GENERAL COUNSEL

Title of Officer

103443 TORRAZ

ATTACHMENT 1

8. **OFFICER:** Kent J. Thiry
Chairman and Chief Executive Officer
21250 Hawthorne Blvd. Suite 800
Torrance, CA 90503

9. **DIRECTOR:** Shaul Massry
21250 Hawthorne Blvd. Suite 800
Torrance, CA 90503

Richard B. Fontaine
21250 Hawthorne Blvd. Suite 800
Torrance, CA 90503

**PROFIT CORPORATON
ANNUAL REPORT**

1999



State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATE ID NO **103443** 2 NAME OF CORPORATION **Total Renal Care, Inc.**

3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE **21250 Hawthorne Blvd., Suite 800** CITY **Torrance** STATE **CA** ZIP CODE **90503**

4 BUSINESS PHONE NO **(310) 792-2600** 5 STATE OF INCORPORATION **California** 6 SIC CODE

7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Dialysis Services

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME George DeHuff III	VICE PRESIDENT NAME
STREET ADDRESS 21250 Hawthorne Blvd.	STREET ADDRESS
CITY STATE ZIP CODE Torrance CA 90503	CITY STATE ZIP CODE

SECRETARY NAME Barry C. Cosgrove	TREASURER NAME John King
STREET ADDRESS 21250 Hawthorne Blvd.	STREET ADDRESS 21250 Hawthorne Blvd.
CITY STATE ZIP CODE Torrance CA 90503	CITY STATE ZIP CODE Torrance CA 90503

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME Victor M.G. Chaltiel	DIRECTOR NAME Peter T. Grauer
STREET ADDRESS 21250 Hawthorne Blvd.	STREET ADDRESS 277 Park Avenue 19 th Fl.
CITY STATE ZIP CODE Torrance CA 90503	CITY STATE ZIP CODE New York NY 10172

DIRECTOR NAME Maris Andersons	DIRECTOR NAME Regina Herzlinger
STREET ADDRESS 4115 Cresta Avenue	STREET ADDRESS 560 Concord Avenue
CITY STATE ZIP CODE Santa Barbara CA 93110	CITY STATE ZIP CODE Belmont MA 02178

10. SHARES AUTHORIZED AND ISSUED

NUMBER OF SHARES	AUTHORIZED SHARES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES	PAR VALUE
1,000	CLASS / SERIES Common	\$1.00	1,000	CLASS / SERIES Common	\$ 1.00

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

FILED
File Date: **JUL 27 1999**
Check No: **cc 3683**
By: _____
For Secretary of State Use Only

Signature of Officer _____
Barry C. Cosgrove
Print or Type Name of Officer
Sr. V.P., General Counsel & Secretary
Title of Officer
Date _____

DIRECTOR

**Shaul G. Massry, M.D.
1140 Benedict Canyon Dr.
Beverly Hills, CA 90210**

CORPORATE DIRECTORS & OFFICERS OF TOTAL RENAL CARE, INC.

Directors

Victor M.G. Chaltiel
21250 Hawthorne Blvd.
Torrance, CA 90503

Maris Andersons
4115 Cresta Avenue
Santa Barbara, CA 93110

Peter T. Grauer
277 Park Avenue 19th Fl
New York, NY 10172

Regina Herzlinger
560 Concord Avenue
Belmont, MA 02178

Shaul G. Massry, MD
1140 Benedict Canyon Dr.
Beverly Hills, CA 90210

Officers

Victor M.G. Chaltiel
Chairman of the Board
21250 Hawthorne Blvd.
Torrance, CA 90503

George DeHuff III
21250 Hawthorne Blvd.
Torrance, CA 90503

Leonard W. Frie
Executive Vice President
21250 Hawthorne Blvd.
Torrance, CA 90503

Stan M. Lindenfeld, M.D.
Sr. Vice President, Quality Management & Chief
Medical Officer
21250 Hawthorne Blvd.
Torrance, CA 90503

Barry C. Cosgrove, Esq.
Sr. Vice President, General Counsel & Secretary
21250 Hawthorne Blvd.
Torrance, CA 90503

John E. King
Sr. Vice President & Chief Financial Officer
21250 Hawthorne Blvd.
Torrance, CA 90503