| No. W 83086 | | Due no later than Apr 30, 2010 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|----------------|---|------------------------------------|--------------------|---|---------|-------------|--|
| Return to: | | Annual Report Form | | CORPORATIO | CORPORATION SERVICE COMPANY | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Add DAVITA RX, LLC LEGAL DEPT. 601 HAWAII ST EL SEGUNDO CA | | BOISE ID 83 USA | 1401 SHORELINE DR STE 2 BOISE ID 83702 USA 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compa | nies: Enter Na | mes and Addresses | of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER TOTAL RENA | | AL CARE, INC. | 601 HAWAII STREET | EL SEGUNDO | CA | USA | 90245 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| DE W 83086 | | Signature: Cori | | Date: 03/12/2010 | | | | |
| | | Name (type or p | | Title: Secretary | | | | |
| Processed 03/12/2010 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |