

1.) CORPORATION NAME:

**DVA HEALTHCARE RENAL CARE, INC.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
CORPORATION SERVICE COMPANY  
11 S 12TH ST  
PO BOX 1463**

**RICHMOND, VA 23218**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NV**

DUE DATE: **1/31/2011**

SCC ID NO: **F0400483**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 601 HAWAII STREET

CITY/ST/ZIP: EL SEGUNDO, CA 90245-4439

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JAMES HILGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/CONTROLLER		
ADDRESS:	601 HAWAII ST		
CITY/ST/ZIP/CO:	EL SEGUNDO, CA 90245-		
NAME:	KIM RIVERA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/S/GC		
ADDRESS:	601 HAWAII ST		
CITY/ST/ZIP/CO:	EL SEGUNDO, CA 90245-		
NAME:	STEVE GRIEGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST T		
ADDRESS:	1423 PACIFIC AVE		
CITY/ST/ZIP/CO:	TACOMA, WA 98402-		
NAME:	KENT J THIRY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	601 HAWAII ST		
CITY/ST/ZIP/CO:	EL SEGUNDO, CA 90245-		
NAME:	ARTURO SIDA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	601 HAWAII STREET		
CITY/ST/ZIP/CO:	EL SEGUNDO, CA 90245-		

NAME: DENNIS L KOGOD TITLE: COO ADDRESS: 601 HAWAII STREET CITY/ST/ZIP/CO: EL SEGUNDO, CA 90245-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS O USILTON TITLE: VICE PRESIDENT ADDRESS: 601 HAWAII STREET CITY/ST/ZIP/CO: EL SEGUNDO, CA 90245-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LUIS A BORGEN TITLE: TREASURER ADDRESS: 601 HAWAII STREET CITY/ST/ZIP/CO: EL SEGUNDO, CA 90245-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CHET MEHTA TITLE: VP, FINANCE ADDRESS: 601 HAWAII STREET CITY/ST/ZIP/CO: EL SEGUNDO, CA 90245-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: H.W. GUY SEAY TITLE: CFO, DIALYSIS ADDRESS: 601 HAWAII STRET CITY/ST/ZIP/CO: EL SEGUNDO, CA 90245-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JEFFREY L MILLER TITLE: ASST SECRETARY ADDRESS: 601 HAWAII STREET CITY/ST/ZIP/CO: EL SEGUNDO, CA 90245-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ ARTURO SIDA	ARTURO SIDA, ASST SECRETARY	1/10/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		