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PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # G22356 (1)
HOMESTEAD ARTIFICIAL KIDNEY CENTER, INC.

FILED May 12 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 85 HAYDEN AVE 95 HAYDEN AVE **LEXINGTON MA 02173 LEXINGTON MA 02173** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/13/1983 2. Principal Place of Business 2a. Mailing Address 4. FFI Number Applied For 21 59-2263441 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **B2 PLANTATION FL 33324** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE TITLE 1.1 TITLE LIEBERMAN, MARC 1.2 NAME NAME 10 CROWN POINT RD. STREET ADDRESS SUDBURY MA 01776 CITY-ST-ZIP ■ Addition TITLE NAME 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP Addition TITI F 3 1 TITLE 3 2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - 7/P DELETE Addition 41 TITLE Change TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST- ZIP ☐ DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

ASS'T TREASURER

4/10/98

CDP-604 (1811)

CR2E034 (10/97

HOMESTEAD ARTIFICIAL KIDNEY CENTER, INC.

LIST OF OFFICERS AND DIRECTORS EFFECTIVE 2/24/98

DIRECTORS	OFFICE HELD	BUSINESS ADDRESS
GEOFFREY W. SWETT	DIRECTOR	95 HAYDEN AVENUE LEXINGTON, MA 02173
BEN J. LIPPS	DIRECTOR	95 HAYDEN AVENUE LEXINGTON, MA 02173
OFFICERS	OFFICE HELD	BUSINESS ADDRESS
GEOFFREY SWETT	PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02173
SYED KAMAL	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02173
PATRICK MORIARTY	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02173
JOSEPH J. RUMA	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02173
RONALD J. KUERBITZ	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02173
HEINZ J. SCHMIDT	TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02173
MARC S. LIEBERMAN	ASSISTANT TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02173
JAMES V. LUTHER	ASSISTANT TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02173
DOUGLAS G. KOTT	SECRETARY	95 HAYDEN AVENUE LEXINGTON, MA 02173
DAVID A. KEMBEL	ASSISTANT SECRETARY	95 HAYDEN AVENUE LEXINGTON, MA 02173
MARK C. WILSON	ASSISTANT SECRETARY	95 HAYDEN AVENUE LEXINGTON, MA 02173