

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90302 001 *5,250.00

DOCUMENT # G22356

1. Corporation Name

HOMESTEAD ARTIFICIAL KIDNEY CENTER, INC.



Principal Place of Business

Mailing Address

95 HAYDEN AVE
LEXINGTON MA 02179
US

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LEXINGTON MA 02179
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1983

4. FEI Number

59-2263441

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 02420 25

29 02420 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE AT ☐ DELETE
NAME LIEBERMAN, MARC
STREET ADDRESS 95 HAYDEN AVE
CITY-ST-ZIP LEXINGTON MA 02173

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 02420

TITLE PD ☒ DELETE
NAME GEOFFREY SWETT
STREET ADDRESS 95 HAYDEN AVE
CITY-ST-ZIP LEXINGTON MA 02173

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME HEINZ J SCHMIDT
STREET ADDRESS 95 HAYDEN AVE
CITY-ST-ZIP LEXINGTON MA 02173

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 02420

TITLE S ☐ DELETE
NAME DOUGLAS G KOTT
STREET ADDRESS 95 HAYDEN AVE
CITY-ST-ZIP LEXINGTON MA 02173

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 02420

TITLE AS ☐ DELETE
NAME MARK C WILSON
STREET ADDRESS 95 HAYDEN AVE
CITY-ST-ZIP LEXINGTON MA 02173

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 02420

TITLE VP ☐ DELETE
NAME RONALD J KUERBITZ
STREET ADDRESS 95 HAYDEN AVE
CITY-ST-ZIP LEXINGTON MA 02173

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 02420

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marc Lieberman

4/12/99

781-402-9000
Daytime Phone #

CR2E034 (11/98)