2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2017
Secretary of State
CC5768094996

DOCUMENT# P33676

Entity Name: FRESENIUS MEDICAL CARE HOLDINGS, INC.

Current Principal Place of Business:

920 WINTER STREET
TAX DEPT
WALTHAM, MA 02451

Current Mailing Address:

920 WINTER STREET
TAX DEPT
WALTHAM, MA 02451

FEI Number: 13-3461988

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D
Name	BROSNAN, MICHAEL
Address	920 WINTER STREET
City-State-Zip:	WALTHAM MA 02451

Title	AT
Name	MELLO, BRYAN
Address	920 WINTER STREET
City-State-Zip:	WALTHAM MA 02451

Title	DIRECTOR
Name	POWELL, RICE
Address	920 WINTER STREET
City-State-Zip:	WALTHAM MA 02451

Title	ASST. TREASURER
Name	NOTAR, MARIA
Address	920 WINTER STREET TAX DEPT
City-State-Zip:	WALTHAM MA 02451

Title	CFO
Name	GLADITSCH, PETER
Address	920 WINTER STREET TAX DEPT
City-State-Zip:	WALTHAM MA 02451

Title	ASV
Name	GLEDHILL, KAREN
Address	920 WINTER STREET
City-State-Zip:	WALTHAM MA 02451

Title	TREASURER, VP
Name	FAWCETT, MARK
Address	920 WINTER STREET
City-State-Zip:	WALTHAM MA 02451

Title	CEO, PRESIDENT, DIRECTOR
Name	VALLE, WILLIAM
Address	920 WINTER STREET TAX DEPT
City-State-Zip:	WALTHAM MA 02451

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRYAN MELLO — ASSISTANT TREASURER — 04/19/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WANZEK, KENT
Address	920 WINTER STREET TAX DEPT
City-State-Zip:	WALTHAM MA 02451