

**506489**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM.  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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**REGISTERED AGENT CHANGE  
DIALYSIS CORPORATION OF AMERICA**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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RACER 7/2/10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dialysis Corporation of America  
Name of Corporation

**DOCUMENT NUMBER:** 506489

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Thomas L. Weinberg  
Name of Contact Person

US Renal Care, Inc.  
Firm/Company

2400 Dallas Parkway, Suite 350  
Address

Plano, TX 75093  
City/State and Zip Code

tweinberg@usrenalcare.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas L. Weinberg at ( 214 ) 736-2730  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

CR2E045 (B/05)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Dialysis Corporation of America
2. The principal office address: 2400 Dallas Parkway, Suite 350  
Plano, TX 75093
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 7/2/1976 Document number: 506489
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CPRA, LLC

4221 West Boy Scout Blvd. Suite 1000

Tampa, FL 33607

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

James D. Shelton  
Signature of officer or director

James D. Shelton  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: Kimberly Baggett  
Signature of Registered Agent

6/21/10  
Date

If signing on behalf of an entity:

Kimberly Baggett

Assistant Secretary

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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10 JUN 28 AM 11:47  
STATE  
TALLAHASSEE, FLORIDA