


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 840547 1. Entity Name DIALYSIS CLINIC, INC.	
--	---

Principal Place of Business 1633 CHURCH STREET SUITE 500 NASHVILLE, TN 37203	Mailing Address 1633 CHURCH STREET SUITE 500 NASHVILLE, TN 37203
--	--



04102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-0850498	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, KEITH 1315 SAXON DRIVE NASHVILLE, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, NANCY 1315 SAXON DRIVE NASHVILLE, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ATTRILL, ED SUITE 500, 1633 CHURCH ST. NASHVILLE, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERRY, JAMES SUITE 500, 1633 CHURCH ST NASHVILLE, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, DOUGLAS S SUITE 500, 1633 CHURCH ST NASHVILLE, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WOOD, WILLIAM E SUITE 500, 1633 CHURCH ST NASHVILLE, TN 37203

U00000514126
04/29/06-80159-012 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered

SIGNATURE:  **4-11-06** **615 327-3061**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #