

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 A
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**



04032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-0850498

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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, 2007.**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

U000000718163
05/01/07-80011-003 61.25

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 like empowered.

SIGNATURE:

James Perry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- PRES.

4-4-07

Date

615-327-3061

Daytime Phone #