2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2011
Secretary of State

DOCUMENT# 840547

Entity Name: DIALYSIS CLINIC, INC.

Current Principal Place of Business:

1633 CHURCH STREET
SUITE 500
NASHVILLE, TN 37203

New Principal Place of Business:

Current Mailing Address:

1633 CHURCH STREET
SUITE 500
NASHVILLE, TN 37203

New Mailing Address:

FEI Number: 62-0850498 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: JOHNSON, KEITH
Address: 1315 SAXON DRIVE
City-St-Zip: NASHVILLE, TN 37215 US

Title: D
Name: JOHNSON, NANCY
Address: 1315 SAXON DRIVE
City-St-Zip: NASHVILLE, TN 37215 US

Title: PRES
Name: ATTRILL, ED
Address: SUITE 500, 1633 CHURCH ST.
City-St-Zip: NASHVILLE, TN 37203 US

Title: D
Name: PERRY, JAMES
Address: SUITE 500, 1633 CHURCH ST
City-St-Zip: NASHVILLE, TN 37203 US

Title: D
Name: JOHNSON, DOUGLAS S
Address: SUITE 500, 1633 CHURCH ST
City-St-Zip: NASHVILLE, TN 37203 US

Title: SEC
Name: WOOD, WILLIAM E
Address: SUITE 500, 1633 CHURCH ST
City-St-Zip: NASHVILLE, TN 37203 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ED ATTRILL PRES 04/07/2011

Electronic Signature of Signing Officer or Director — Date