
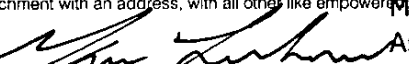


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90100 001 *3,600.00

DOCUMENT # 849526 1. Entity Name FRESENIUS MANAGEMENT SERVICES, INC.					
Principal Place of Business 95 HAYDEN AVE LEXINGTON, MA 02420 US			Mailing Address ATTN: TAX DEPT., 95 HAYDEN AVE LEXINGTON, MA 02420 US		
2. Principal Place of Business - No P.O. Box # 920 Winter Street		3. Mailing Address 920 Winter Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Waltham MA		City & State Waltham MA		4. FEI Number 04-2733764	
Zip 02451		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUMA, JOSEPH 920 WINTER STREET WALTHAM, MA 02451	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FAWCETT, MARK 95 HAYDEN AVE LEXINGTON, MA 02420	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WAHLSTROM, MATS 95 HAYDEN AVE LEXINGTON, MA 02420	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUEBITZ, RONALD J 95 HAYDEN AVE LEXINGTON, MA 02420	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT COLANTONIO, PAUL 95 HAYDEN AVE LEXINGTON, MA 02420	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCGORTY, ROBERT 95 HAYDEN AVE LEXINGTON, MA 02420	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Marc Lieberman 920 Winter Street Waltham, MA 02451	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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 607, 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 empowerments.					
SIGNATURE:  Marc S. Lieberman Assistant Treasurer 4/1/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					