CORPORATION(S) NAM	E	
RMS Lifeline, Inc.		
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	***	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>
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() Foreign	() Dissolution/Withdrawal	() Mark EP F
() Limited Partnership	() Reinstatement () Annual Report	() () ()
()LLC	() Name Registration	() Other SER J
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() Call When Ready	() Call If Problem	() After 4:30 % V/-
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W.P. Verifier		Amount: \$

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

<ol> <li>RMS Lifelin</li> </ol>		years		
(Name of cor	poration; must include the word "INCORI	PORATED", "COMPANY", "CORPORATION"	or	<del></del>
words or abb	reviations of like import in language as wi	ill clearly indicate that it is a corporation instead or	fa	
natural person	n or partnership if not so contained in the	name at present.)		
2. Delaware		3. 36-4258607		
(State or coun	try under the law of which it is incorporat		e)	_
. 0-4-1 00-1	1000		•	
4. October 22, 1	· · · · · · · · · · · · · · · ·	Perpetual		<del></del>
(L	Pate of incorporation)	(Duration: Year corp. will cease to exist or "p	erpetual")	
6. Upon qualifie	cation			
(Date fi	rst transacted business in Florida.) (SEE S	SECTIONS 607.1501, 607.1502 and 817.155, F.S.	.)	_
7 1620 Wanker	gan Road, McGaw Park, Illinois 60085			
7. 1020 Wanke	gair Road, Wicdaw Fark, Hilliois 60085			_
		<u></u>		
	(Current mailin	ng address)		_
Develop and a	promote a network of freestanding dedica	ated centers that deliver care for end-stage renal pa	ationto	
		tte or country to be carried out in state of Florida)	ttients	_ ·
( <b>P</b>	-(-) <b>p</b>	or or soundy to be ourried but hi state of I fortual	Zs o	
9. Name and s	treet address of Florida registered a	agent: (P.O. Box or Mail Drop Box NOT acc	ceptalote)	
			全部 路	-77
Name:	C T Corporation System		AS AS	FILE
O65 4 dd	1200 South Pine Island Road	· _	_ წ⊰ ა	1
Office Address:	1200 South I lie Island Road	-		Ö
	Plantation	, Florida, _33324	V -	
		(Zip code)	ORID ORID ORID	
		(Lip oods)	⇒r S	ļ
10. Registered	agent's acceptance:			
_	- °			
Having been nan	ned as registered agent and to accept serv	vice of process for the above stated corporation a	t the place desi	gnated
this application, J	I hereby accept the appointment as regist	tered agent and agree to act in this canacity. I fu	rther garee to	- comnly

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 obligations of my position as registered agent.

CT Corporation System

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS (S	treet address only - P.O. Box NOT a	acceptable)				
Chairman:			<u>.</u>			<del></del>
Address:			<u></u>			
					•	
Address:						
	See list attached.					
						-
Address:						·-
B. OFFICERS (S	treet address only - P.O. Box NC	OT acceptable)				
President:						
Address:	See list attached.					
				SE	01	
				CRE	SE	
				ASS	-0	F
Address:				FOF F	P.	П
				STATE LORIDA	<del></del>	
Secretary:			1-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	- <del>DH</del>	င္သ	
Address:						<u></u> .
			<del></del>	·		
Treasurer:						
Address:						
	y, you may attach an addendum to the	application listing additional	officers and/or directors	S.		
	ie Zackarakis gnature of Chairman, Vice Chairman,	or any officer listed in number	r 12 of the annication			
(Signal 14. Elaine C. Zacha		or any officer fished in number	1 12 of the approaching			
14. Elame C. Zacha	(Typed or printed name	e and capacity of person signif	ng application)			

### **Directors, Officers Report**

#### RMS Lifeline Inc.

#### **DIRECTORS**

Richard Ganz

Director - Class B

Primary Address:

1620 Waukegan Road

MPGR-A2N

McGaw Park, Illinois 60085

Jerry W. Jackson, M.D.

Director - Class A

Primary Address:

3538 Mill Spring Road Birmingham, Alabama 35233

Richard Nee

Director - Class B

Primary Address:

1620 Waukegan Road

MPGR-A2S

McGaw Park, Illinois 60085

Maria S. Persky

Director - Class B

Primary Address:

One Baxter Parkway Deerfield, Illinois 60015

Susan Price

Director - Class B

Primary Address:

AKDHC, LLC

33 West Hatcher Road Phoenix, Arizona 85021

William R. Rajski

Director - Class B

Primary Address:

One Baxter Parkway

DF2-1E

Deerfield, Illinois 60015

William Rice

Director - Class B

Primary Address:

One Baxter Parkway

DF3-3E

Deerfield, Illinois 60015

David L Tharpe, MD

Director - Class B

Primary Address:

Suite 210

817 Princeton Avenue, SW Birmingham, Alabama 35211

**OFFICERS** 

Richard Nee

President

Primary Address:

1620 Waukegan Road

MPGR-A2S

McGaw Park, Illinois 60085

Elaine C. Zacharakis Primary Address:

Secretary 1620 Waukegan Road

MPGR-A2S

McGaw Park, Illinois 60085

RMS Lifeline Inc.

Marla S. Persky

**Assistant Secretary** 

Primary Address:

One Baxter Parkway Deerfield, Illinois 60015

Brian Schoen

Treasurer

Primary Address:

1620 Waukegan Road

MPGR-A2S

McGaw Park, Illinois 60085

Charles W. Thurman

Assistant Treasurer

Primary Address:

One Baxter Parkway

DF4-3W

Deerfield, Illinois 60015

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# State of Delaware Office of the Secretary of State PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RMS LIFELINE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF AUGUST, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

FILED

01 SEP -5 PM 1: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Warriet Smith Windson, Secretary of State

AUTHENTICATION: 1324960

DATE: 08-31-01

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