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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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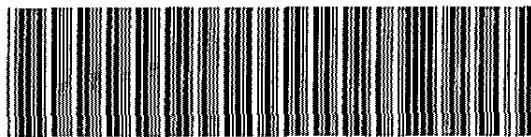
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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F05-1678
JR

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IHS Dialysis, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Clifford J. Lusso, Vice President of Finance

(Name of Person)

IHS Dialysis, Inc.

(Firm/Company)

288 Walnut St. Suite 300

(Address)

Newton, MA 02460

(City/State and Zip code)

For further information concerning this matter, please call:

Clifford J. Lusso

(Name of Person)

at (617) 527-8120 or 617-527-8200

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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**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.*

1. IHS Dialysis, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Massachusetts 3. 22-3869734
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/12/02 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 3/10/05
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 288 Walnut St. Suite 300, Newton, MA 02460
(Principal office address)

288 Walnut St. Suite 300, Newton, MA 02460
(Current mailing address)

8. To engage in all activities related to investment in dialysis operations
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

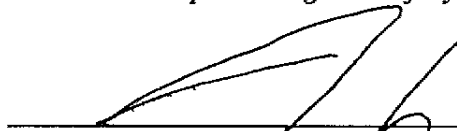
Name: Nelson R. Shaller

Office Address: 2300 Glades Rd. Suite 202 West

Boca Raton, Florida 33431
(City) (Zip code)

10. Registered agent's acceptance:

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.


(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.

12. Names and business addresses of officers and/or directors:

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TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: Nelson R. Shaller

Address: 2300 Glades Rd, Boca Raton, FL 33431

Vice Chairman: _____

Address: _____

Director: Nelson R. Shaller

Address: 2300 Glades Rd, Boca Raton, FL 33431

Director: _____

Address: _____

B. OFFICERS

President: Kathleen McDonnell

Address: 288 Walnut St., Suite 300, Newton, MA 02460

Vice President: Clifford J. Lusso

Address: 288 Walnut St., Suite 300, Newton, MA 02460

Secretary: _____

Address: _____

Treasurer: Clifford J. Lusso

Address: 288 Walnut St., Suite 300, Newton, MA 02460

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

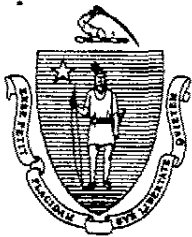
13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Clifford J. Lusso

Vice President and Treasurer

(Typed or printed name and capacity of person signing application)



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

March 11, 2005

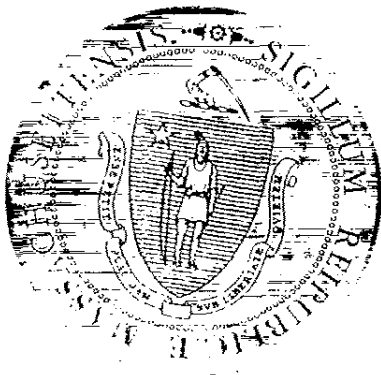
TO WHOM IT MAY CONCERN:

I hereby certify that

IHS DIALYSIS, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **September 13, 2002.**

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin
Secretary of the Commonwealth