

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006908

FILED
Feb 27, 2007
Secretary of State

Entity Name: AMERICAN RENAL ASSOCIATES INC.

Current Principal Place of Business:

66 CHERRY HILL DRIVE
BEVERLY, MA 01915

New Principal Place of Business:

66 CHERRY HILL DRIVE
BEVERLY, MA 01915 US

Current Mailing Address:

66 CHERRY HILL DRIVE
BEVERLY, MA 01915

New Mailing Address:

66 CHERRY HILL DRIVE
BEVERLY, MA 01915 US

FEI Number: 84-1694930

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FORD, CHRISTOPHER T
Address: 66 CHERRY HILL DRIVE
City-St-Zip: BEVERLY, MA 01915

Title: SD () Delete
Name: CARLUCCI, JOSEPH A
Address: 66 CHERRY HILL DRIVE
City-St-Zip: BEVERLY, MA 01915

Title: T (X) Delete
Name: MCDONOUGH, JOHN
Address: 66 CHERRY HILL DRIVE
City-St-Zip: BEVERLY, MA 01915

Title: D (X) Delete
Name: LEEBER, DONALD M.D.
Address: 960 CAPE MARCO DR, #1504
City-St-Zip: MARCO ISLAND, FL 34145

Title: D (X) Delete
Name: KAMAL, SYED T
Address: 66 CHERRY HILL DRIVE
City-St-Zip: BEVERLY, MA 01915

Title: D (X) Delete
Name: MORRISON, D. NEAL
Address: 301 SOUTH COLLEGE STREET 12TH FL
City-St-Zip: CHARLOTTE, NC 282880732

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FORD, CHRISTOPHER T
Address: 66 CHERRY HILL DRIVE
City-St-Zip: BEVERLY, MA 01915 US

Title: S (X) Change () Addition
Name: CARLUCCI, JOSEPH A
Address: 66 CHERRY HILL DRIVE
City-St-Zip: BEVERLY, MA 01915 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER T FORD

D

02/27/2007

Electronic Signature of Signing Officer or Director

Date