## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F09000002162

Apr 02, 2010 Secretary of State

Entity Name: FRESENIUS MEDICAL CARE COMPREHENSIVE CKD SERVICES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

920 WINTER STREET WALTHAM, MA 02451

**Current Mailing Address: New Mailing Address:** 

920 WINTER STREET WALTHAM, MA 02451

FEI Number: 80-0030590 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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:

LIEBERMAN, MARC S Name: 920 WINTER STREET Address: City-St-Zip: WALTHAM, MA 02451

Title: DV

Name: SONNEN, KIM L

5251 DTC PARKWAY, SUITE 500 Address: GREENWOOD VILLAGE, CO 80111 City-St-Zip:

Title: PD

POWELL, RICE Name: 920 WINTER STREET Address: City-St-Zip: WALTHAM, MA 02451

Title:

KOTT, DOUGLAS G Name: Address: 920 WINTER STREET City-St-Zip: WALTHAM, MA 02451

Title:

Name: FAWCETT, MARK 920 WINTER STREET Address: City-St-Zip: WALTHAM, MA 02451

Title:

Name: MCGORTY, ROBERT Address: 920 WINTER STREET City-St-Zip: WALTHAM, MA 02451

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

SIGNATURE: MARC LIEBERMAN ΑT 04/02/2010