

F11000003377

1/22/2016 3:37:48 PM From: To: 8506176380( 1/6 )  
Division of Corporations

Page 1 of 2

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
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From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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REGISTERED AGENT CHANGE  
DIALYSIS NEWCO, INC.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

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A RAMSEY

1/21/2016 3:32:48 PM From: To: 8506176380( 2/6 )  
850-617-6381 1/21/2016 11:35:34 AM PAGE 1/001 Fax Server



January 21, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

DIALYSIS NEWCO, INC.  
424 CHURCH STREET, SUITE 1900  
NASHVILLE, TN 37219

SUBJECT: DIALYSIS NEWCO, INC.  
REF: F11000003377

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

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Annette Ramsey  
Regulatory Specialist II

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dialysis Newco, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F11000003377

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Stewart  
Name of Contact Person  
U.S. Renal Care, Inc.  
Firm/Company  
2400 Dallas Parkway Ste 350  
Address  
Plano TX 75093  
City/State and Zip Code  
legal@usrenalcare.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Stewart  
Name of Contact Person at (214) 736-2732  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

CR2B045 (03/12)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Dialysis Newco, Inc.
2. The principal office address: 424 CHURCH STREET, SUITE 1900 NASHVILLE, TN 37219
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/19/2011 Document number: F11000003377
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
NASHVILLE, TN 37219
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
Plantation, Florida 33324

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature] Jay Yelowitz  
Signature of an officer or director Printed or typed name and title  
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: Jin Song 12/31/2015  
Signature of Registered Agent Date

If signing on behalf of an entity:

Jin Song Assistant Secretary  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)