F95000002248

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DIVISION OF CORPORATION

Larry Simpson
(Requestor's Name)
1102 N. Gadsden
(Address)
Tallahassee FL 32303 222-6040
(City, State, Zip) (Phone #)

OFFICE USE ONLY

200001479822
-05/08/95--01090--013
*****78.75 *****78.75

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Dialysis Centers of America, Inc
(Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

☑ Walk in ☐ Pick up time _____ ☐ Certified Copy

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	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
☑	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials	

CR2E031(10/92)

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. DIALYSIS CENTERS OF AMERICA, INC.
(Name of corporation: the word "INCORPORATED," "COMPANY," or "CORPORATION" or words or abbreviations of like import in language, as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. DELAWARE
(State or country under the law of which it is incorporated)

3. MAY 23, 1994
(Date of incorporation)

4. PERPETUAL
(Duration)

5. 13-3776152
(Federal Employer Identification number, if applicable)

6. None
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)

7. c/o NIS, Inc., 15 North Street, Dover, Delaware 19901
(Current mailing address)

8. ACQUISITION OF DIALYSIS CENTERS AND GENERAL ADMINISTRATION
(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and addresses of officers and or directors:

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A. Directors:

Chairman: MONROE R. MEYERSON
Address: 7172 MANDARIN DRIVE
BOCA RATON, FLORIDA 33433

Vice Chairman: ALLEN D. MCGEE
Address: 4 CREST VIEW LANE
MILTON, MASS. 02186

Director:
Address:

Director:
Address:

9. Officers:

President: ALLEN D. MCGEE

Address: 4 CREST VIEW LANE

MILTON, MASS. 02186

Vice President: MONROE R. MEYERSON

Address: 7172 MANDARIN DRIVE

BOCA RATON, FLORIDA 33433

Secretary:

Address:

Treasurer:

Address:

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: LARRY D. SIMPSON, ESQ.

Office Address: 1102 N. GADSDEN STREET

TALLAHASSEE, Florida 32303
Zip Code

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DIVISION OF CORPORATIONS

11. 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 futher 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:

12. 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.

13. Allen D. McGee ALLEN D. MCGEE
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. Monroe R. Meyerson MONROE R. MEYERSON
(Name and capacity of person signing application)

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DIALYSIS CENTERS OF AMERICA, 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 TWENTY-SIXTH DAY OF APRIL, A.D. 1995.

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.

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DIVISION OF CORPORATIONS
95 MAY -8 PM 1:28

Edward J. Freel, Secretary of State

2404991 8300

950092478

AUTHENTICATION: 7486296

DATE: 04-26-95

F95000002248

Edwin F. Blanton
Requestor's Name

825 Thomasville Road
Address

Tallahassee, FL 32303 (904) 224-1020
City/State/Zip Phone #

300001886778
-07/09/96--01002-005
*****35.00 *****35.00

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Dialysis Centers of America, Inc. F95000002248
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

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	NEW FILINGS
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	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

xx Give to xx
Garrett

CR2E031(1/95)

Examiner's Initials	

Florida Department of State, Jim Smith, Secretary of State

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, the undersigned corporation organized under the laws of the State of DELAWARE *submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1a. The name of the corporation is: DIALYSIS CENTERS OF AMERICA, INC.

1b. The mailing address of the corporation is : 161 NORTH CLARK STREET, SUITE 1700 CHICAGO IL 60601

1c. Date of incorporation: 5-8-95 Document number: F95000002248

2. The name and address of the current registered agent and office:

LARRY D. SIMPSON, ESQ.

1102 N. GADSDEN STREET

TALLAHASSEE, FL 32303

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TALLAHASSEE, FLORIDA

3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable)

EDWIN F. BLANTON, ESQ.

825 THOMASVILLE ROAD

TALLAHASSEE, FL 32303

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.

(Signature of an officer, chairman or vice chairman of the board)

JUNE 12, 1996
(Date)

MONROE R MEYERSON, CHAIRMAN
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

(Signature of Registered Agent)

7/8/96
(Date)

CR2E045(7/93)

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

FILING FEE: $35.00