

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90100 001 *3,600.00

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1. Entity Name
RENAL CARE GROUP, INC.



Principal Place of Business
**920 WINTER STREET
WALTHAM, MA 02451**

Mailing Address
**920 WINTER STREET
WALTHAM, MA 02451**

66010072



04012008 No Chg-P CR2E034 (11/05)

4. FEI Number
62-1622383

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WAHLSTROM, MATS
STREET ADDRESS 920 WINTER STREET
CITY-ST-ZIP WALTHAM, MA 02451

TITLE VD
NAME BROSNAN, MICHAEL
STREET ADDRESS 920 WINTER STREET
CITY-ST-ZIP WALTHAM, MA 02451

TITLE VAS
NAME KOTT, DOUGLAS G
STREET ADDRESS 920 WINTER STREET
CITY-ST-ZIP WALTHAM, MA 02451

TITLE VS
NAME KUERBITZ, RONALD J
STREET ADDRESS 920 WINTER STREET
CITY-ST-ZIP WALTHAM, MA 02451

TITLE AT
NAME LIEBERMAN, MARC
STREET ADDRESS 920 WINTER STREET
CITY-ST-ZIP WALTHAM, MA 02451

TITLE AT
NAME COLANTONIO, PAUL
STREET ADDRESS 920 WINTER STREET
CITY-ST-ZIP WALTHAM, MA 02451

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Marc Lieberman
Asst. Treasurer

Date

Daytime Phone #