

2007 FOR PROFIT CORPORATION ANNUAL REPORT


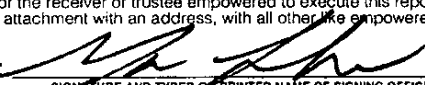
FILED

2007 APR 25 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03302007 Chg-P CR2E034 (12/06)

DOCUMENT # G22356					
1. Entity Name HOMESTEAD ARTIFICIAL KIDNEY CENTER, INC.					
Principal Place of Business 95 HAYDEN AVE LEXINGTON, MA 02420 US			Mailing Address ATTN: TAX DEPT., 95 HAYDEN AVE LEXINGTON, MA 02420 US		
2. Principal Place of Business - No P.O. Box # 920 Winter Street			3. Mailing Address same		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Waltham, MA			City & State		
Zip 02451		Country		Zip	
Country		Country		4. FEI Number 59-2263441	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LIEBERMAN, MARC 95 HAYDEN AVE LEXINGTON, MA 02420	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	920 Winter Street Waltham, MA 02451	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOTT, DOUGLAS 95 HAYDEN AVE LEXINGTON, MA 02420	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700101462267 05/04/07--01005--001 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CASEY, DEBORAH 95 HAYDEN AVE LEXINGTON, MA 02420	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RONALD J KUERBITZ 95 HAYDEN AVE LEXINGTON, MA 02420	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WAHLSTROM, MATS 95 HAYDEN AVENUE LEXINGTON, MA 02420	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	"	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT COLANTONIO, PAUL 95 HAYDEN AVE LEXINGTON, MA 024209192	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B "5/2/07	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 life empowered.					
SIGNATURE: 			Marc S. Lieberman Assistant Treasurer 4/19/07 781-699-9000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		