

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J88178

FILED
Apr 15, 2011
Secretary of State

Entity Name: RENAL CARE GROUP OF THE SOUTHEAST, INC.

Current Principal Place of Business:

920 WINTER STREET
WALTHAM, MA 02451

New Principal Place of Business:

920 WINTER STREET
TAX DEPT
WALTHAM, MA 02451

Current Mailing Address:

920 WINTER STREET
WALTHAM, MA 02451

New Mailing Address:

920 WINTER STREET
TAX DEPT
WALTHAM, MA 02451

FEI Number: 59-2851389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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

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

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

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

Title: AT
Name: COLANTONIO, PAUL
Address: 920 WINTER STREET
City-St-Zip: WALTHAM, MA 02451

Title: V
Name: RUMA, JOSEPH
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: PAUL COLANTONIO

AT

04/15/2011

Electronic Signature of Signing Officer or Director

Date