

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90302 001 *5,250.00

DOCUMENT # K57819

1. Corporation Name

INTERAMERICAN ACUTE DIALYSIS SERVICES, INC.

Principal Place of Business

95 HAYDEN AVENUE
LEXINGTON MA 02173

Mailing Address

95 HAYDEN AVENUE
LEXINGTON MA 02173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1989

4. FEI Number

65-0092325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02420

02420

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME SWETT, GEOFFREY W
STREET ADDRESS 95 HAYDEN AVENUE
CITY-ST-ZIP LEXINGTON MA 02173

1.1 TITLE VP ☐ Change ☐ Addition
1.2 NAME Patrick Moriarty
1.3 STREET ADDRESS 95 Hayden Ave.
1.4 CITY-ST-ZIP Lexington, MA 02420

TITLE VP ☐ DELETE
NAME KAMAL, SYED
STREET ADDRESS 95 HAYDEN AVENUE
CITY-ST-ZIP LEXINGTON MA 02173

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 02420

TITLE T ☐ DELETE
NAME SCHMIDT, HEINZ J
STREET ADDRESS 95 HAYDEN AVENUE
CITY-ST-ZIP LEXINGTON MA 02173

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 02420

TITLE AT ☐ DELETE
NAME LIEBERMAN, MARC S
STREET ADDRESS 95 HAYDEN AVENUE
CITY-ST-ZIP LEXINGTON MA 02173

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 02420

TITLE S ☐ DELETE
NAME KOTT, DOUGLAS G
STREET ADDRESS 95 HAYDEN AVENUE
CITY-ST-ZIP LEXINGTON MA 02173

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 02420

TITLE AS ☐ DELETE
NAME KEMBEL, DAVID A
STREET ADDRESS 95 HAYDEN AVENUE
CITY-ST-ZIP LEXINGTON MA 02173

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 02420

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marc Lieberman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marc Lieberman

4/12/99

781-402-9000

Daytime Phone #

CR2E034 (1/98)