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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L55710 (2)
1. Corporation Name
QUALITY CARE DIALYSIS CENTER OF ST. AUGUSTINE, I
NC.



Principal Place of Business
1601 TRAPELO RD
WALTHAM MA 02154
US

Mailing Address
1601 TRAPELO RD
WALTHAM MA 02154-7333
US

3. Date Incorporated or Qualified
03/05/1990

3a. Date of Last Report
04/24/1996

2. Principal Place of Business
21 95 Hayden Avenue
Suite, Apt. #, etc.

2a. Mailing Address
26 95 Hayden Avenue
Suite, Apt. #, etc.

22 City & State
23 Lexington, MA
Zip Country
24 02173 25 US

27 City & State
28 Lexington, MA
Zip Country
29 02173 30 US

4. FEI Number
65-0340596

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 (NOT: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	ST LIEBERMAN, MARC	10 CROWN POINT RD.	SUDBURY MA 01776	<input type="checkbox"/>
	VD HAMPERS, CONSTANTINE	EAST LAKE RD	DUBLIN NH	<input checked="" type="checkbox"/>
	T NOGEOLO, A M	19 WASHINGTON DR	SUDBURY MA	<input checked="" type="checkbox"/>
	S WHITING, JOHN K	38 UNION ST	NORFOLK MA	<input checked="" type="checkbox"/>
	V MORIATRY, PATRICK	10 HENDERSON WAY	MEDFIELD MA	<input checked="" type="checkbox"/>
	AS KEMBEL, DAVID A	151 REED FARM RD	BOXBOROUGH MA	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

SEE ATTACHED

14. I do 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.

SIGNATURE: *[Signature]* MARC LIEBERMAN ASST TREASURER 444/617-402-9000

CR2E034 (9/96)

**QUALITY CARE DIALYSIS CENTER, INC.
LIST OF DIRECTORS AND OFFICERS**

EFFECTIVE 01/01/1997

DIRECTORS	OFFICE HELD	SS NUMBER	HOME ADDRESS
GEOFFREY SWETT	DIRECTOR	144-40-8739	42 KINGS WAY WALTHAM, MA 02154
SYED KAMAL	DIRECTOR	436-35-9080	4 LISA LANE ACTON, MA 01720
BEN J. LIPPS, PH.D.	DIRECTOR	305-44-0223	24 SEQUOIA LANE WALNUT CREEK, CA 94595

OFFICERS	OFFICE HELD	SS NUMBER	HOME ADDRESS
GEOFFREY SWETT	PRESIDENT	144-40-8739	42 KINGS WAY WALTHAM, MA 02154
SYED KAMAL	VICE PRESIDENT	436-35-9080	4 LISA LANE ACTON, MA 01720
PATRICK MORIARTY	VICE PRESIDENT	021-38-2035	10 HENDERSON WAY MEDFIED, MA 02052
LARRIE ROCKWELL	VICE PRESIDENT	079-32-6920	10 ROGERS STREET CAMBRIDGE, MA 02142
JOSEPH RUMA	VICE PRESIDENT	031-34-8188	65 MILLPOND NORTH ANDOVER, MA 01845
ROBERT ARMSTRONG III	TREASURER	012-34-5855	9 SALISBURY STREET WINCHESTER, MA 01890
MARC S. LIEBERMAN	ASSISTANT TREASURER	108-38-6181	10 CROWN POINT ROAD SUDBURY, MA 01776
JAMES V. LUTHER	ASSISTANT TREASURER	010-34-9716	50 SUNNYSIDE AVENUE READING, MA 01867
DAVID A. KEMBEL	SECRETARY	522-88-5894	151 REED FARM ROAD BOXBOROUGH, MA 01719

**CORPORATE HEADQUARTERS:
TWO LEDGEMONT CENTER
95 HAYDEN AVENUE
LEXINGTON, MA 02173**

TELEPHONE #:(617) 402-9000