

2/28/17

FLORIDA DIVISION OF CORPORATIONS  
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M1600003436

((H16000104756 4))

TO: DIVISION OF CORPORATIONS

FAX #: (850) 922-4000

FROM: C T CORPORATION SYSTEM  
CONTACT: KATHY KELLERHALS  
PHONE: (850) 205-8842

ACCT#: FCA000000023

FAX #: (850) 878-5368

NAME: Lake Gray Dialysis Center, LLC

AUDIT NUMBER.....H16000104756

DOC TYPE.....

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SPZ 2/28/17



April 28, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAKE GRAY DIALYSIS CENTER, LLC  
500 CUMMINGS CENTER, SUITE 6550  
BEVERLY, MA 01915US

Qualification documents for LAKE GRAY DIALYSIS CENTER, LLC were filed on April 27, 2016, and assigned document number M16000003436. Please refer to this number whenever corresponding with this office.

Your limited liability company is authorized to transact business in Florida as of the file date.

This document was electronically received and filed under FAX audit number H16000104756.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

<https://sa.www4.irs.gov/modlein/individual/index.jsp>.

Please notify this office if the limited liability company address changes.

Should you have any questions regarding this matter, please contact this office at the address given below.

Jenna D Harris  
Regulatory Specialist II  
Registration/Qualification Section  
Division of Corporations

Letter Number: 016A00008805

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Lake Gray Dialysis Center, LLC**

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael Costa

Name of Person

American Renal Associates LLC

Firm/Company

500 Cummings Center, Suite 6550

Address

Beverly, MA 01915

City/State and Zip Code

mcosta@americanrenal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Costa

978

922-3080

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Lake Gray Dialysis Center, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-1822392

(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 500 Cummings Center, Suite 6550

Beverly, MA 01915

(Street Address of Principal Office)

6. 500 Cummings Center, Suite 6550

Beverly, MA 01915

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

By: \_\_\_\_\_

Corporation System

Connie Bryan

(Registered agent's signature)

Assistant Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Joseph A. Carlucci, Manager, 500 Cummings Center, Suite 6550, Beverly, MA 01915

John J. McDonough, Manager, 500 Cummings Center, Suite 6550, Beverly, MA 01915

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Joseph A. Carlucci

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Joseph A. Carlucci

Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LAKE GRAY DIALYSIS CENTER, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



5988340 8300

SR# 20162616362

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202220712

Date: 04-27-16