

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 10, 2000 8:00 am**
Secretary of State

05-10-2000 90160 001 *6,000.00

DOCUMENT # P92000009093

1. Entity Name

QUALITY CARE DIALYSIS CENTERS, INC.**13092**

DO NOT WRITE IN THIS SPACE

Principal Place of Business HAYDEN AVE LEXINGTON MA 02420	Mailing Address 95 HAYDEN AVE LEXINGTON MA 02421-7942 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 04-3197096	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KEMBEL, DAVID A 95 HAYDEN AVE LEXINGTON MA 02420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEINZ J SCHMIDT 95 HAYDEN AVE LEXINGTON MA 02420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOUGLAS G KOTT 95 HAYDEN AVE LEXINGTON MA 02420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARK C WILSON 95 HAYDEN AVE LEXINGTON MA 02420 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUMA, JOSEPH 95 HAYDEN AVE LEXINGTON MA 02420 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC LIEBERMAN **4-7-00** **181-402-9000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P92000009093
13092

QUALITY CARE DIALYSIS CENTERS, INC.

LIST OF OFFICERS AND DIRECTORS

03/23/2000

DIRECTORS	OFFICE HELD	RESIDENCE
BEN J. LIPPS	DIRECTOR	67 MARLBOROUGH STREET, #3 BOSTON, MA 02116
DWIGHT MORGAN	DIRECTOR	2 JAY LANE ACTON, MA 04001
OFFICERS	OFFICE HELD	RESIDENCE
BEN J. LIPPS	PRESIDENT	67 MARLBOROUGH STREET, #3 BOSTON, MA 02116
JOSEPH J. RUMA	VICE PRESIDENT	15 BLUEBERRY HILL ROAD ANDOVER, MA 01810
RONALD J. KUERBITZ	VICE PRESIDENT	47 PARK AVENUE WELLESLEY, MA 02481
ROBERT MCGORTY	VICE PRESIDENT	2 WALTER CIRCLE WESTFORD, MA 01886
DWIGHT MORGAN	VICE PRESIDENT	2 JAY LANE ACTON, MA 04001
RAMON YI	TREASURER	30 FAITH DRIVE DERRY, NH 03038
MARC S. LIEBERMAN	ASSISTANT TREASURER	10 CROWN POINT ROAD SUDBURY, MA 01776
JAMES V. LUTHER	ASSISTANT TREASURER	50 SUNNYSIDE AVENUE READING, MA 01867
DOUGLAS G. KOTT	SECRETARY	97 GLEN STREET SOUTH NATICK, MA 01760
DEBORAH CASEY	ASSISTANT SECRETARY	95 HAYDEN AVENUE LEXINGTON, MA 02420
MARK C. WILSON	ASSISTANT SECRETARY	382 MT. BLUE STREET NORWELL, MA 02061

CORPORATE HEADQUARTERS:

95 Hayden Avenue
Lexington, MA 02420