

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90442 001 \*3,800.00

**DOCUMENT # P92000009093**

**1. Entity Name**  
**QUALITY CARE DIALYSIS CENTERS, INC.**

**Principal Place of Business**

**95 HAYDEN AVE**  
**LEXINGTON MA 02420**  
**US**

**Mailing Address**

**95 HAYDEN AVE**  
**LEXINGTON MA 02420**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**04-3197096**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name

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

City

**FL**

Zip Code

**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**

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

(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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing**  
 Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **AT** ☒ Delete  
**NAME** **LIEBERMAN, MARC**  
**STREET ADDRESS** **95 HAYDEN AVE**  
**CITY-ST-ZIP** **LEXINGTON MA 02420**

**TITLE** **ASSISTANT TREASURER** ☐ Change ☒ Addition  
**NAME** **PAUL COLANTONIO**  
**STREET ADDRESS** **95 HAYDEN AVENUE**  
**CITY-ST-ZIP** **LEXINGTON, MA 02420-9192**

**TITLE** **AS** ☐ Delete  
**NAME** **KEMBEL, DAVID A**  
**STREET ADDRESS** **95 HAYDEN AVE**  
**CITY-ST-ZIP** **LEXINGTON MA 02420**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **T** ☐ Delete  
**NAME** **LIEBERMAN, MARC**  
**STREET ADDRESS** **95 HAYDEN AVE**  
**CITY-ST-ZIP** **LEXINGTON MA 02420**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **S** ☐ Delete  
**NAME** **DOUGLAS G KOTT**  
**STREET ADDRESS** **95 HAYDEN AVE**  
**CITY-ST-ZIP** **LEXINGTON MA 02420**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☒ Addition  
**NAME** **DIRECTOR**  
**STREET ADDRESS** **BEN J. LIPPS**  
**CITY-ST-ZIP** **95 HAYDEN AVENUE**  
**LEXINGTON, MA 02420-9192**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☒ Addition  
**NAME** **VICE PRESIDENT**  
**STREET ADDRESS** **RONALD J. KUERBITZ**  
**CITY-ST-ZIP** **95 HAYDEN AVENUE**  
**LEXINGTON, MA 02420-9192**

**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:**

*Paul Colantonio*

**PAUL COLANTONIO, ASSISTANT TREASURER 04-02-02 781-402-9000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment # P92000009093

**QUALITY CARE DIALYSIS CENTERS, INC.**

**LIST OF OFFICERS AND DIRECTORS  
EFFECTIVE 3/01/01**

<b>DIRECTORS</b>	<b>OFFICE HELD</b>	<b>BUSINESS</b>
BEN J. LIPPS	DIRECTOR	95 HAYDEN AVENUE LEXINGTON, MA 02420
<b>OFFICERS</b>	<b>OFFICE HELD</b>	<b>BUSINESS</b>
RONALD J. KUERBITZ	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
JOSEPH J. RUMA	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
MARC S. LIEBERMAN	TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
PAUL J. COLANTONIO	ASSISTANT TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
JAMES V. LUTHER	ASSISTANT TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
DOUGLAS G. KOTT	SECRETARY	95 HAYDEN AVENUE LEXINGTON, MA 02420
DAVID A. KEMBEL	ASSISTANT SECRETARY	95 HAYDEN AVENUE LEXINGTON, MA 02420

**CORPORATE HEADQUARTERS**  
95 Hayden Avenue  
Lexington, MA 02420