

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000009093

1. Entity Name  
QUALITY CARE DIALYSIS CENTERS, INC.



Principal Place of Business

95 HAYDEN AVE  
LEXINGTON, MA 02420 US

Mailing Address

ATTN: TAX DEPT., 95 HAYDEN AVE  
LEXINGTON, MA 02420 US

FILED  
04 MAR 30 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number  
04-3197096

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

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

DO NOT WRITE  
IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE AT  
NAME COLANTONIO, PAUL  
STREET ADDRESS 95 HAYDEN AVE  
CITY-ST-ZIP LEXINGTON, MA 02420

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

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

TITLE S  
NAME KOTT, DOUGLAS  
STREET ADDRESS 95 HAYDEN AVE  
CITY-ST-ZIP LEXINGTON, MA 02420

TITLE D  
NAME LIPPS, BEN  
STREET ADDRESS 95 HAYDEN AVE  
CITY-ST-ZIP LEXINGTON, MA 02420

TITLE VP  
NAME KUERBITZ, RONALD J  
STREET ADDRESS 95 HAYDEN AVE  
CITY-ST-ZIP LEXINGTON, MA 02420

500031527615  
03/31/04--01004--001 \*\*3250.00

DO NOT WRITE  
IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/04

Date

781 402 8000

Daytime Phone #

*Attachment*

*# P9200009093*

**QUALITY CARE DIALYSIS CENTERS, INC.**

FEIN 04-3197096

LIST OF OFFICERS AND DIRECTORS  
EFFECTIVE 03/17/03

<b>DIRECTORS</b>	<b>OFFICE</b>	<b>BUSINESS</b>
BEN J. LIPPS	DIRECTOR	95 HAYDEN AVENUE LEXINGTON, MA 02420
<b>OFFICERS</b>	<b>OFFICE</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
MARK FAWCETT	TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
PAUL J. COLANTONIO	ASSISTANT TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
MARC S. LIEBERMAN	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 02420-9192