

2005 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042005

Chg-P

CR2E034 (10/03)

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. 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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
900050018309
04/06/05--01047--001 **3250.00

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
Mats Wahlstrom
95 Hayden Ave
Lexington, MA 02420 ☐ Change ☒ Addition

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

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

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:

Paul Colantonio

Paul Colantonio

3/18/05

781-402-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

QUALITY CARE DIALYSIS CENTERS, INC.

FEIN 04-3197096

**LIST OF OFFICERS AND DIRECTORS
EFFECTIVE 05/17/04**

DIRECTORS	OFFICE	BUSINESS
MATS WAHLSTROM	DIRECTOR	95 HAYDEN AVENUE LEXINGTON, MA 02420
OFFICERS	OFFICE	BUSINESS
MATS WAHLSTROM	PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
RONALD J. KUERBITZ	SR. VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
ROBERT MCGORTY	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
MARC S. LIEBERMAN	ASSISTANT TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
PAUL J. COLANTONIO	ASSISTANT TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
DOUGLAS G. KOTT	SECRETARY	95 HAYDEN AVENUE LEXINGTON, MA 02420