

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR -6 AM 9:27

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



03232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MCGORTY, ROBERT  
95 HAYDEN AVE  
LEXINGTON, MA 02420

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
WAHLSTROM, MATS  
95 HAYDEN AVE  
LEXINGTON, MA 02420

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

200069635598  
04/06/06--01043--001 \*\*2600.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Paul J. Colantonio  
Assistant Treasurer

Date

Daytime Phone #

4/6/06

**QUALITY CARE DIALYSIS CENTERS, INC.**

FEIN 04-3197096

LIST OF OFFICERS AND DIRECTORS  
EFFECTIVE 10/10/2005

| <b>DIRECTORS</b>   | <b>OFFICE</b>            | <b>BUSINESS</b>                         |
|--------------------|--------------------------|---|
| MATS WAHLSTROM     | DIRECTOR                 | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |
| <b>OFFICERS</b>    | <b>OFFICE</b>            | <b>BUSINESS</b>                         |
| MATS WAHLSTROM     | PRESIDENT                | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |
| RONALD J. KUERBITZ | SR. VICE PRESIDENT       | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |
| ROBERT MCGORTY     | EXECUTIVE VICE PRESIDENT | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |
| JOSEPH J. RUMA     | VICE PRESIDENT           | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |
| MARK FAWCETT       | TREASURER                | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |
| MARC S. LIEBERMAN  | ASSISTANT TREASURER      | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |
| PAUL J. COLANTONIO | ASSISTANT TREASURER      | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |
| DOUGLAS G. KOTT    | SECRETARY                | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |