

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P92000009093

FILED  
May 01, 2003  
Secretary of State

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

## Current Principal Place of Business:

95 HAYDEN AVE  
LEXINGTON, MA 02420 US

## New Principal Place of Business:

## Current Mailing Address:

95 HAYDEN AVE  
LEXINGTON, MA 02420 US

## New Mailing Address:

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

**FEI Number:** 04-3197096

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( )**

## OFFICERS AND DIRECTORS:

Title: AT ( ) Delete  
Name: COLANTONIO, PAUL  
Address: 95 HAYDEN AVE  
City-St-Zip: LEXINGTON, MA 02420

Title: AS ( ) Delete  
Name: KEMBEL, DAVID A  
Address: 95 HAYDEN AVE  
City-St-Zip: LEXINGTON, MA 02420

Title: T ( ) Delete  
Name: LIEBERMAN, MARC  
Address: 95 HAYDEN AVE  
City-St-Zip: LEXINGTON, MA 02420

Title: S ( ) Delete  
Name: DOUGLAS G KOTT,  
Address: 95 HAYDEN AVE  
City-St-Zip: LEXINGTON, MA 02420

Title: D ( ) Delete  
Name: LIPPS, BEN  
Address: 95 HAYDEN AVE  
City-St-Zip: LEXINGTON, MA 02420

Title: VP ( ) Delete  
Name: KUERBITZ, RONALD J  
Address: 95 HAYDEN AVE  
City-St-Zip: LEXINGTON, MA 02420

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AT (X) Change ( ) Addition  
Name: LIEBERMAN, MARC  
Address: 95 HAYDEN AVE  
City-St-Zip: LEXINGTON, MA 02420

Title: S (X) Change ( ) Addition  
Name: KOTT, DOUGLAS  
Address: 95 HAYDEN AVE  
City-St-Zip: LEXINGTON, MA 02420

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL COLANTONIO

AT

05/01/2003

Electronic Signature of Signing Officer or Director

Date

MARK FAWCETT, TREAS.  
95 HAYDEN AVENUE  
LEXINGTON, MA 02420

JOSEPH RUMA, VP  
95 HAYDEN AVENUE  
LEXINGTON, MA 02420