FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***2000.00 ***200.00

DOCUMENT # P92000012296 (9)

1. Corporation Name
QUALITY CARE DIALYSIS CENTER OF MARGATE, INC.

Principal Place of Business	Mailing Address
1601 TRAPELO RD WALTHAM MA 02154 US	1601 TRAPELO RD WALTHAM MA 02154 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0379757	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	LOWRIE, ERNESTINE M	12 NAME	
STREET ADDRESS	21 EDMONDS RD	13 STREET ADDRESS	
CITY ST ZIP	CONCORD MA	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	HAMPERS, CONSTANTINE	22 NAME	
STREET ADDRESS	EAST LAKE RD	23 STREET ADDRESS	
CITY ST ZIP	DUBLIN NH	24 CITY ST ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	NOGELO, A M	32 NAME	
STREET ADDRESS	19 WASHINGTON DR	33 STREET ADDRESS	
CITY ST ZIP	SUDBURY MA	34 CITY ST ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	WHITING, JOHN K	42 NAME	
STREET ADDRESS	36 UNION ST	43 STREET ADDRESS	
CITY ST ZIP	NORFOLK MA	44 CITY ST ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	BOWEN, CAROL E	52 NAME	
STREET ADDRESS	187 GROVE ST	53 STREET ADDRESS	
CITY ST ZIP	LEXINGTON MA	54 CITY ST ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	KEMBEL, DAVID A	62 NAME	
STREET ADDRESS	151 REED FARM RD	63 STREET ADDRESS	
CITY ST ZIP	BOXBOROUGH MA	64 CITY ST ZIP	

SEE ATTACHED

5/1/95 MST

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARC LIEBERMAN ASS'T TREASURER 4/28/95 617-466-1850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000840 CP

QUALITY CARE DIALYSIS CENTER, INC. ET. AL.
LIST OF DIRECTORS AND OFFICERS

EFFECTIVE 09/01/1994

DIRECORS	OFFICE HELD	SS NUMBER	HOME ADDRESS
CONSTANTINE HAMPERS, M.D.	DIRECTOR	190-24-4386	EAST LAKE ROAD BOX 494, OAKHILL DUBLIN, NH 03444
EDMUND G. LOWRIE, M.D.	DIRECTOR	383-36-2176	21 EDMONDS ROAD CONCORD, MA 01712
ERNESTINE M. LOWRIE	DIRECTOR	034-26-2791	21 EDMONDS ROAD CONCORD, MA 01712

OFFICERS	OFFICE HELD	SS NUMBER	HOME ADDRESS
ERNESTINE M. LOWRIE	PRESIDENT	034-26-2791	21 EDMONDS ROAD CONCORD, MA 01712
CONSTANTINE HAMPERS, M.D.	VICE PRESIDENT	190-24-4386	EAST LAKE ROAD BOX 494, OAKHILL DUBLIN, NH 03444
ROBERT W. ARMSTRONG, III	VICE PRESIDENT	017-36-2353	27 BROOKS STREET WINCHESTER, MA 01890
NORMAN ALT	ASS'T SECRETARY/ VICE PRESIDENT	139-32-1783	28 WOODLAND AVENUE BRONXVILLE, NY 10708
PATRICK MORIARTY	VICE PRESIDENT	021-38-2035	10 HENDERSON WAY MEDFILED, MA 02052
GEOFFREY SWETT	VICE PRESIDENT	144-40-8739	11 INDEPENDENCE ROAD PEPPERELL, MA 01463
JOSEPH RUMA	VICE PRESIDENT	031-34-8188	65 MILLPOND NORTH ANDOVER, MA 01845
A. MILES NOGELO	TREASURER	012-34-5855	19 WASHINGTON DRIVE SUDBURY, MA 01776
MARC S. LIEBERMAN	ASSISTANT TREASURER	108-38-6181	10 CROWN POINT ROAD SUDBURY, MA 01776
JAMES V. LUTHER	ASSISTANT TREASURER	010-34-9716	50 SUNNYSIDE AVENUE READING, MA 01867
JOHN K. WHITING IV	SECRETARY	295-44-1279	36 UNION STREET NORFOLK, MA 02056
CAROL E. BOWEN	ASSISTANT SECRETARY	139-44-5206	187 GROVE STREET LEXINGTON, MA 02173
DAVID A. KEMBEL	ASSISTANT SECRETARY	522-55-5894	151 REED FARM ROAD BOXBOROUGH, MA 01719

BUSINESS ADDRESS FOR OFFICERS/DIRECTORS
RESERVOIR PLACE
1601 TRAPELO ROAD
WALTHAM, MA 02154
(617)466-9850