

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 APR-25 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # P94000005395</b><br>1. Entity Name<br><b>RENEX DIALYSIS CLINIC OF TAMPA, INC.</b>  |   |  |   |   |  |
| Principal Place of Business<br><b>2525 WEST END AVE.<br/>SUITE 600<br/>NASHVILLE, TN 37203 US</b>  |   |  | Mailing Address<br><b>2525 WEST END AVE.<br/>SUITE 600<br/>NASHVILLE, TN 37203 US</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>920 Winter Street</b>   |   | 3. Mailing Address<br><b>same</b>  |   |   |  |
| Suite, Apt. #, etc.<br>  |   | Suite, Apt. #, etc.<br>  |   |   |  |
| City & State<br><b>Waltham MA</b>  |   | City & State<br>   |   | 4. FEI Number<br><b>59-3244925</b>  |  |
| Zip<br><b>02451</b>  |   | Country<br>  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>  |   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small> |   |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>WAHLSTROM, MATS<br>95 HAYDEN AVENUE<br>LEXINGTON, MA 02420  | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SEC<br>KOTT, DOUGLAS G<br>95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>Joseph Ruma<br>920 Winter St., Waltham, MA 02451            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |   |   |  |

SIGNATURE:

**Marc S. Lieberman**  
Assistant Treasurer

781-699-9000