## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P9400005395 2001 APR-25 AN 10: 07 1. Entity Name RENEX DIALYSIS CLINIC OF TAMPA, INC. SECRETAR TO TATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2525 WEST END AVE. 2525 WEST END AVE. SUITE 600 SUITE 600 NASHVILLE, TN 37203 NASHVILLE, TN 37203 2. Principal Place of Business - No P.O. Box # 920 Winter Street 3. Mailing Address same Suite, Apt. #, etc. Suite, Apt. #, etc. 03302007 CR2E034 (12/06) Chg-P City & State 4. FEI Number Applied For City & State Waltham MA 59-3244925 Not Applicable Country Country \$8.75 Additional 02451 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE WAHLSTROM, MATS NAME NAME 920 Winter Street STREET ADDRESS 95 HAYDEN AVENUE STREET ADDRESS LEXINGTON, MA 02420 CITY-ST-ZIP CITY-ST-ZIP Waltham, MA 02451 SEC Delete TITLE ★ Change TITLE KOTT, DOUGLAS G NAME NAME 200101462622 95 HAYDEN AVENUE STREET ADDRESS STREET ADDRESS 05/04/07--01005--001 \*\*4650.00 LEXINGTON, MA 02420 CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME Mark Fawcett STREET ADDRESS STREET ADDRESS 920 Winter Street CITY - ST - ZIP CITY-S1-ZIP Waltham, MA 02451 ☐ Delete HILE TITLE Change Addition AT NAME NAME Marc Lieberman STREET ADDRESS STREET ADDRESS 920 Winter St., Waltham, MA 02451 CITY-ST-7IP CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME Paul Colantonio STREET ADDRESS STREET ADDRESS 920 Winter St., Waltham, MA 02451 CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition NAME NAME Joseph Ruma STREET ADDRESS STREET ADDRESS 920 Winter St., Waltham, MA 02451 CITY-ST-ZIP CITY-ST-ZIP 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 ke empowerer S. Lieberman Assistant Treasurer 781-699-9000 SIGNATURE:

SIGNATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FHED

Daytime Phone #