2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2010
Secretary of State

DOCUMENT# P94000005395

Entity Name: RENEX DIALYSIS CLINIC OF TAMPA, INC.

Current Principal Place of Business:

920 WINTER STREET
WALTHAM, MA 02451

New Principal Place of Business:

Current Mailing Address:

920 WINTER STREET
WALTHAM, MA 02451

New Mailing Address:

FEI Number: 59-3244925 **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: PD
Name: POWELL, RICE
Address: 920 WINTER STREET
City-St-Zip: WALTHAM, MA 02451

Title: SV
Name: KOTT, DOUGLAS
Address: 920 WINTER STREET
City-St-Zip: WALTHAM, MA 02451

Title: TV
Name: FAWCETT, MARK
Address: 920 WINTER STREET
City-St-Zip: WALTHAM, MA 02451

Title: AT
Name: LIEBERMAN, MARC
Address: 920 WINTER STREET
City-St-Zip: WALTHAM, MA 02451

Title: AT
Name: COLANTONIO, PAUL
Address: 920 WINTER STREET
City-St-Zip: WALTHAM, MA 02451

Title: V
Name: RUMA, JOSEPH
Address: 920 WINTER STREET
City-St-Zip: WALTHAM, MA 02451

I hereby 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 all other like empowered.

SIGNATURE: MARC LIEBERMAN AT 04/01/2010

Electronic Signature of Signing Officer or Director Date