

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006464

Entity Name: FRESINIUS HEALTH PARTNERS CARE SYSTEMS, INC.**Current Principal Place of Business:**920 WINTER STREET
TAX DEPT
WALTHAM, MA 02451**Current Mailing Address:**920 WINTER STREET
TAX DEPT
WALTHAM, MA 02451**FEI Number:** 52-2029530**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Officer/Director Detail :

Title DIRECTOR
Name KUERBITZ, RONALD
Address 920 WINTER STREET
City-State-Zip: WALTHAM MA 02451

Title DIRECTOR
Name SEPUCHA, ROBERT
Address 920 WINTER STREET
TAX DEPT
City-State-Zip: WALTHAM MA 02451

Title P
Name SAUER, PETER
Address 920 WINTER STREET
City-State-Zip: WALTHAM MA 02451

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

Title AT
Name MELLO, BRYAN
Address 920 WINTER STREET
City-State-Zip: WALTHAM MA 02451

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

Title CFO
Name MOESSLANG, ANGELO
Address 920 WINTER STREET
TAX DEPT
City-State-Zip: WALTHAM MA 02451

Title VP
Name ORLANDO, JESSICA
Address 920 WINTER STREET
TAX DEPT
City-State-Zip: WALTHAM MA 02451

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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: PAUL COLANTONIO**ASSISTANT TREASURER** 04/26/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. TREASURER
Name GILLIS, MARIA
Address 920 WINTER STREET
TAX DEPT
City-State-Zip: WALTHAM MA 02451

Title ASST. SECRETARY
Name GAETA, DOMENIC
Address 920 WINTER STREET
TAX DEPT
City-State-Zip: WALTHAM MA 02451