**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jun 01, 2020**
**Secretary of State**
**9461059979CC**

DOCUMENT# F09000002162

**Entity Name:** FRESENIUS MEDICAL CARE COMPREHENSIVE CKD SERVICES, 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: 80-0030590**

**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 | AT |
| Name | BROUILLARD, THOMAS |
| Address | 920 WINTER STREET |
| City-State-Zip: | WALTHAM MA 02451 |

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

| | |
|---|---|
| Title | ASST. TREASURER |
| Name | MELLO, BRYAN |
| Address | 920 WINTER STREET<br>TAX DEPT |
| City-State-Zip: | WALTHAM MA 02451 |

| | |
|---|---|
| Title | ASST. TREASURER |
| Name | RIZZO, DOROTHY |
| Address | 920 WINTER STREET<br>TAX DEPT |
| City-State-Zip: | WALTHAM MA 02451 |

| | |
|---|---|
| Title | SECRETARY, VP |
| Name | GLEDHILL, KAREN |
| Address | 920 WINTER STREET |
| City-State-Zip: | WALTHAM MA 02451 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | VALLE, WILLIAM |
| Address | 920 WINTER ST<br>TAX DEPT |
| City-State-Zip: | WALTHAM MA 02451 |

| | |
|---|---|
| Title | VP |
| Name | BISHOP, ERIC |
| Address | 920 WINTER STREET<br>TAX DEPT |
| City-State-Zip: | WALTHAM MA 02451 |

| | |
|---|---|
| Title | VP |
| Name | DIVITO, JAMES |
| Address | 920 WINTER STREET<br>TAX DEPT |
| City-State-Zip: | WALTHAM MA 02451 |

**Continues on page 2**

*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: BRYAN MELLO ASSISTANT TREASURER 06/01/2020

Electronic Signature of Signing Officer/Director Detail — Date

## Officer/Director Detail Continued :

| | |
|---|---|
| Title | PRESIDENT |
| Name | ASSELTA, MICHAEL |
| Address | 920 WINTER STREET<br>TAX DEPT |
| City-State-Zip: | WALTHAM MA 02451 |