2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004483

Entity Name: NXSTAGE KIDNEY CARE, INC.

Current Principal Place of Business:

920 WINTER ST WALTHAM, MA 02451

Current Mailing Address:

920 WINTER ST

WALTHAM, MA 02451 US

FEI Number: 45-5216932 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

FILED Jan 05, 2024

Secretary of State

5844147689CC

Officer/Director Detail:

Title PRESIDENT Title ASST. TREASURER, VP

NameTURK, JOSEPHNameMELLO, BRYANAddress920 WINTER STAddress920 WINTER ST

City-State-Zip: WALTHAM MA 02451 City-State-Zip: WALTHAM MA 02451

TitleDIRECTOR, CEOTitleDIRECTORNameVALLE, WILLIAMNameTURK, JOSEPHAddress920 WINTER STAddress920 WINTER ST

City-State-Zip: WALTHAM MA 02451 City-State-Zip: WALTHAM MA 02451

TitleTREASURER, VPTitleSECRETARY, VPNameBROUILLARD, THOMASNameGAETA, DOMENICAddress920 WINTER STAddress920 WINTER ST.

City-State-Zip: WALTHAM MA 02451 City-State-Zip: WALTHAM MA 02451

Title VP Title VP

Name SMITH, CHRISTINE Name IMMICK, CHRISTOPH
Address 920 WINTER STREET Address 920 WINTER ST

920 WINTER STREET
TAX DEPT
City-State-Zip: WALTHAM MA 02451

City-State-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: BRYAN MELLO ASST. TREASURER 01/05/2024

Electronic Signature of Signing Officer/Director Detail

Date