2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2016
Secretary of State
CC0338994673

DOCUMENT# F14000004483

Entity Name: NXSTAGE KIDNEY CARE, INC.

Current Principal Place of Business:

350 MERRIMACK ST.
LAWRENCE, MA 01843

Current Mailing Address:

350 MERRIMACK ST.
LAWRENCE, MA 01843 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

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR	Title	SECRETARY
Name	BROWN, ROBERT S.	Name	SWAN, WINIFRED L.
Address	350 MERRIMACK ST.	Address	350 MERRIMACK ST.
City-State-Zip:	LAWRENCE MA 01843	City-State-Zip:	LAWRENCE MA 01843
Title	TREASURER	Title	DIRECTOR
Name	TOWSE, MATTHEW W.	Name	BURBANK, JEFFREY H.
Address	350 MERRIMACK ST.	Address	350 MERRIMACK ST.
City-State-Zip:	LAWRENCE MA 01843	City-State-Zip:	LAWRENCE MA 01843

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: MATTHEW W. TOWSE TREASURER 04/01/2016

Electronic Signature of Signing Officer/Director Detail — Date