2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2023
Secretary of State
3531408328CC

DOCUMENT# F14000004483

Entity Name: NXSTAGE KIDNEY CARE, INC.

Current Principal Place of Business:

350 MERRIMACK ST.
LAWRENCE, MA 01843

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

Officer/Director Detail :

Title	PRESIDENT / DIRECTOR
Name	BURBANK, JEFFREY H.
Address	350 MERRIMACK ST.
City-State-Zip:	LAWRENCE MA 01843

Title	DIRECTOR, CEO
Name	VALLE, WILLIAM
Address	920 WINTER ST
City-State-Zip:	WALTHAM MA 02451

Title	TREASURER, VP
Name	FAWCETT, MARK
Address	920 WINTER ST
City-State-Zip:	WALTHAM MA 02451

Title	AT
Name	MILLER, MOLLIE
Address	920 WINTER STREET TAX DEPT
City-State-Zip:	WALTHAM MA 02451

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

Title	VP
Name	TURK, JOSEPH
Address	920 WINTER ST
City-State-Zip:	WALTHAM MA 02451

Title	SECRETARY, VP
Name	GLEDHILL, KAREN
Address	920 WINTER ST.
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: MELLO , BRYAN OTHER 03/06/2023

Electronic Signature of Signing Officer/Director Detail — Date