

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004483

Entity Name: NXSTAGE KIDNEY CARE, INC.

Current Principal Place of Business:

350 MERRIMACK STREET
LAWRENCE, MA 01843

Current Mailing Address:

350 MERRIMACK STREET
LAWRENCE, MA 01843

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 TREASURER
Name TOWSE, MATTHEW W
Address 350 MERRIMACK STREET
City-State-Zip: LAWRENCE MA 01843

Title DIRECTOR
Name BURBANK, JEFFREY H
Address 350 MERRIMACK STREET
City-State-Zip: LAWRENCE MA 01843

Title PRESIDENT
Name BROWN, ROBERT S
Address 350 MERRIMACK STREET
City-State-Zip: LAWRENCE MA 01843

Title SECRETARY
Name SWAN, WINIFRED L
Address 350 MERRIMACK STREET
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

03/02/2015

Electronic Signature of Signing Officer/Director Detail

Date