

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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

Title DIRECTOR, CEO
Name VALLE, WILLIAM
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 TREASURER, VP
Name FAWCETT, MARK
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

Title AT
Name MILLER, MOLLIE
Address 920 WINTER STREET
 TAX DEPT
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

AT

05/01/2021

Electronic Signature of Signing Officer/Director Detail_____
Date