

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

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APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

REC APR 22 PM 3:43

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # K 57819

1. Corporation Name  
 INTERAMERICAN ACUTE DIALYSIS SERVICES, Inc

Principal Place of Business Mailing Address  
 95 Hayden Avenue  
 Lexington, MA 02173

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 2. New Principal Office Address, If Applicable<br>Same as above<br>Suite, Apt. #, etc. |  | 3. New Mailing Office Address, If Applicable<br>Same as above<br>Suite, Apt. #, etc. |  | 4. Date Incorporated or Qualified To Do Business in Florida<br>1-12-1989  |  |
| City & State   |  | City & State   |  | 5. FEI Number<br>65-0092325   |  |
| Zip  |  | Country  |  | Applied For<br>Not Applicable   |  |
| Zip  |  | Country  |  | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status |  |

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip   |
|------------|-------------------------------------|---|--|
|            |                                     |   | 300002502953-- 6<br>-04/28/98--01069--001<br>***1817.50 ****308.75 |
|            |                                     |   | 300002502953-- 6<br>-04/28/98--01069--002<br>***300.00 ****300.00  |
|            |                                     |   |  |
|            |                                     |   |  |
|            |                                     |   |  |
|            |                                     |   |  |

attached  
See

REINSTATEMENT

95-99  
12  
4/23/98

|   |  |   |  |
|---|--|---|--|
| 8. Name and Address of Current Registered Agent<br>CT Corporation System<br>1200 South Pine Island Road<br>Plantation, FL 33324 |  | 9. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, Etc.<br>City<br>State FL Zip Code |  |
|---|--|---|--|

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
 Signature of Registered Agent: Connie Bryan  
 REGISTERED AGENT MUST SIGN  
 Date: 4-22-98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No   
 (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] 3/15/98  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ASST TREASURER  
 Date: 6/7-462-9000  
 Daytime Phone #

CRP2640 (12/96)

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**INTERAMERICAN ACUTE DIALYSIS SERVICES, INC.**

**LIST OF OFFICERS AND DIRECTORS  
EFFECTIVE 2/24/98**

| <b>DIRECTORS</b>          | <b>OFFICE HELD</b>         | <b>BUSINESS ADDRESS</b>                         |
|---------------------------|----------------------------|---|
| <b>GEOFFREY W. SWETT</b>  | <b>DIRECTOR</b>            | <b>95 HAYDEN AVENUE<br/>LEXINGTON, MA 02173</b> |
| <b>BEN J. LIPPS</b>       | <b>DIRECTOR</b>            | <b>95 HAYDEN AVENUE<br/>LEXINGTON, MA 02173</b> |
| <b>OFFICERS</b>           | <b>OFFICE HELD</b>         | <b>BUSINESS ADDRESS</b>                         |
| <b>GEOFFREY SWETT</b>     | <b>PRESIDENT</b>           | <b>95 HAYDEN AVENUE<br/>LEXINGTON, MA 02173</b> |
| <b>SYED KAMAL</b>         | <b>VICE PRESIDENT</b>      | <b>95 HAYDEN AVENUE<br/>LEXINGTON, MA 02173</b> |
| <b>PATRICK MORIARTY</b>   | <b>VICE PRESIDENT</b>      | <b>95 HAYDEN AVENUE<br/>LEXINGTON, MA 02173</b> |
| <b>JOSEPH J. RUMA</b>     | <b>VICE PRESIDENT</b>      | <b>95 HAYDEN AVENUE<br/>LEXINGTON, MA 02173</b> |
| <b>RONALD J. KUERBITZ</b> | <b>VICE PRESIDENT</b>      | <b>95 HAYDEN AVENUE<br/>LEXINGTON, MA 02173</b> |
| <b>HEINZ J. SCHMIDT</b>   | <b>TREASURER</b>           | <b>95 HAYDEN AVENUE<br/>LEXINGTON, MA 02173</b> |
| <b>MARC S. LIEBERMAN</b>  | <b>ASSISTANT TREASURER</b> | <b>95 HAYDEN AVENUE<br/>LEXINGTON, MA 02173</b> |
| <b>JAMES V. LUTHER</b>    | <b>ASSISTANT TREASURER</b> | <b>95 HAYDEN AVENUE<br/>LEXINGTON, MA 02173</b> |
| <b>DOUGLAS G. KOTT</b>    | <b>SECRETARY</b>           | <b>95 HAYDEN AVENUE<br/>LEXINGTON, MA 02173</b> |
| <b>DAVID A. KEMBEL</b>    | <b>ASSISTANT SECRETARY</b> | <b>95 HAYDEN AVENUE<br/>LEXINGTON, MA 02173</b> |
| <b>MARK C. WILSON</b>     | <b>ASSISTANT SECRETARY</b> | <b>95 HAYDEN AVENUE<br/>LEXINGTON, MA 02173</b> |