

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K57819

1. Entity Name
INTERAMERICAN ACUTE DIALYSIS SERVICES, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90160 001 *6,000.00

Principal Place of Business 95 HAYDEN AVENUE LEXINGTON MA 02420	Mailing Address 95 HAYDEN AVENUE LEXINGTON MA 02421-7942
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0092325		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			
		02420				

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		Zip Code
			FL		

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORIARTY, PATRICK 95 HAYDEN AVENUE LEXINGTON MA 02420	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUMA, JOSEPH 95 HAYDEN AVE LEXINGTON MA 02420
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KAMAL, SYED 95 HAYDEN AVENUE LEXINGTON MA 02420	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KUERBITZ, RONALD 95 HAYDEN AVE LEXINGTON MA 02420
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHMIDT, HEINZ J 95 HAYDEN AVENUE LEXINGTON MA 02420	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LIEBERMAN, MARC S 95 HAYDEN AVENUE LEXINGTON MA 02420	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOTT, DOUGLAS G 95 HAYDEN AVENUE LEXINGTON MA 02420	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KEMBEL, DAVID A 95 HAYDEN AVENUE LEXINGTON MA 02420	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **MARC LIEBERMAN** 4-11-00 781-402-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

K57819
13076

INTERAMERICAN ACUTE DIAYSIS SERVICES, INC.

LIST OF OFFICERS AND DIRECTORS
03/23/2000

DIRECTORS	OFFICE HELD	RESIDENCE
BEN J. LIPPS	DIRECTOR	67 MARLBOROUGH STREET, #3 BOSTON, MA 02116
DWIGHT MORGAN	DIRECTOR	2 JAY LANE ACTON, MA 04001
OFFICERS	OFFICE HELD	RESIDENCE
BEN J. LIPPS	PRESIDENT	67 MARLBOROUGH STREET, #3 BOSTON, MA 02116
JOSEPH J. RUMA	VICE PRESIDENT	15 BLUEBERRY HILL ROAD ANDOVER, MA 01810
RONALD J. KUERBITZ	VICE PRESIDENT	47 PARK AVENUE WELLESLEY, MA 02481
ROBERT MCGORTY	VICE PRESIDENT	2 WALTER CIRCLE WESTFORD, MA 01886
DWIGHT MORGAN	VICE PRESIDENT	2 JAY LANE ACTON, MA 04001
RAMON YI	TREASURER	30 FAITH DRIVE DERRY, NH 03038
MARC S. LIEBERMAN	ASSISTANT TREASURER	10 CROWN POINT ROAD SUDBURY, MA 01776
JAMES V. LUTHER	ASSISTANT TREASURER	50 SUNNYSIDE AVENUE READING, MA 01867
DOUGLAS G. KOTT	SECRETARY	97 GLEN STREET SOUTH NATICK, MA 01760
DEBORAH CASEY	ASSISTANT SECRETARY	95 HAYDEN AVENUE LEXINGTON, MA 02420
MARK C. WILSON	ASSISTANT SECRETARY	382 MT. BLUE STREET NORWELL, MA 02061

CORPORATE HEADQUARTERS:
95 Hayden Avenue
Lexington, MA 02420