

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90378 001 *5,400.00

DOCUMENT # K57819

1. Entity Name
INTERAMERICAN ACUTE DIALYSIS SERVICES, INC.

Principal Place of Business 95 HAYDEN AVENUE LEXINGTON MA 02420	Mailing Address 95 HAYDEN AVENUE LEXINGTON MA 02420
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FE# Number 65-0092325	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORIARTY, PATRICK 95 HAYDEN AVENUE LEXINGTON MA 02420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KAMAL, SYED 95 HAYDEN AVENUE LEXINGTON MA 02420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	F SCHMIDT, HEINZ J 95 HAYDEN AVENUE LEXINGTON MA 02420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LIEBERMAN, MARC S 95 HAYDEN AVENUE LEXINGTON MA 02420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOTT, DOUGLAS G 95 HAYDEN AVENUE LEXINGTON MA 02420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KEMBEL, DAVID A 95 HAYDEN AVENUE LEXINGTON MA 02420

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RONALD KUERBITZ 95 HAYDEN AVENUE LEXINGTON, MA 02420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUMA, JOSEPH 95 HAYDEN AVENUE LEXINGTON, MA 02420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIEBERMAN, MARC 95 HAYDEN AVENUE LEXINGTON, MA 02420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Marc Lieberman **MARC LIEBERMAN, TREASURER** 4/19/01 **781-402-9000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)