



DEC 05 2007

1. The company name must contain an ending which may be "limited liability company," "limited company," or the abbreviations "LLC," "L.C.," "LLC" or "LC". If you are the holder or assignee of a tradename, attach a copy of the tradename certificate. If your name is not available for use in Arizona, you must adopt a fictitious name and provide a resolution adopting the name, which must be signed by a manager, member or authorized agent.

2. Provide the name of the state or jurisdiction under whose laws your company was formed.

3. Provide the date on which your company organized in the state or jurisdiction under whose laws it was formed.

4. Provide the general character of business you plan to transact in Arizona.

5. The statutory agent must provide a street address. If statutory agent has a P.O. Box, then they must also provide a street address/location.

The agent must consent to the appointment by executing the consent.

LL-0005
Rev. 10/2006

**APPLICATION FOR REGISTRATION
OF A FOREIGN LIMITED LIABILITY COMPANY**
Pursuant to A.R.S. §29-802 et seq.

1. The name of the foreign limited liability company is:

Bio-Medical Applications of Arizona, LLC

1. a. If the exact name of the foreign limited liability company is not available for use in this state, then the fictitious name adopted for use by the limited liability company in Arizona is:

_____(FN)_____

2. The company is organized under the laws of: Delaware

_____(State)_____

3. The date of the company's formation is: October 4, 2007

4. The purpose of the company or the general character of business it proposes to transact in Arizona is:
Operate dialysis facilities

5. The name and street address of the statutory agent for the foreign limited liability company in Arizona is:

C T Corporation System

2394 East Camelback Road

Phoenix, Arizona 85016

ACCEPTANCE OF APPOINTMENT BY STATUTORY AGENT

I, C T Corporation System, having been designated to act as
(Print Name)

statutory agent, hereby consent to act in that capacity until removed or resignation is submitted in accordance with the Arizona Revised Statutes.

Signature

C T Corporation System

Kristen Betzger
Vice President

If signing on behalf of a company, print company name here

8. Check which management structure will be applicable to your company. Provide name, title and address for each person.

7. If the jurisdiction under the law of which your company is formed, you must provide the address of the principle office of the company, in whatever state or jurisdiction it is located.

The application must be signed by a member, manager or duly authorized agent.

Attach a certificate of existence or document of similar import duly authenticated (within sixty (60) days) by the official having custody of corporate records in the state, province or county under whose laws the corporation is incorporated.

Your phone and fax numbers are optional.

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6. Management Structure (select option A or B):
A ☐ Management of the limited liability company is vested in a manager or managers. The names and addresses of each person who is a manager AND each member who owns a twenty percent or greater interest in the capital or profits of the limited liability company are:

Name: _____ <input type="checkbox"/> member <input type="checkbox"/> manager	Name: _____ <input type="checkbox"/> member <input type="checkbox"/> manager
Address: _____ _____	Address: _____ _____
City, State, Zip: _____	City, State, Zip: _____
Name: _____ <input type="checkbox"/> member <input type="checkbox"/> manager	Name: _____ <input type="checkbox"/> member <input type="checkbox"/> manager
Address: _____ _____	Address: _____ _____
City, State, Zip: _____	City, State, Zip: _____

B ☒ Management of the limited liability company is reserved to the members.
The names and addresses of each person who is a member are:

Name: Bio-Medical Applications Management	Name: _____
Address: Company, Inc. 920 Winter Street	Address: _____ _____
City, State, Zip: Waltham, MA 02451	City, State, Zip: _____
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
City, State, Zip: _____	City, State, Zip: _____

7. The address of the office required to be maintained in the jurisdiction under the laws of which the company is organized, if required; or, if not required, the address of the principal office of the company is:
920 Winter Street, Waltham, MA 02451

Executed this 27th day of November, 2007

Signature Marc Lieberman Marc Lieberman
Print Name (Check One) ☐ Member ☐ Manager ☒ Authorized Agent

PHONE: 781-699-9000 FAX: _____

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIO-MEDICAL APPLICATIONS OF ARIZONA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF NOVEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



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You may verify this certificate online
at corp.delaware.gov/authver.shtml

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6192550

DATE: 11-28-07