



North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Certificate of Need Section

2704 Mail Service Center • Raleigh, North Carolina 27699-2704  
<http://www.ncdhhs.gov/dhsr/>

Drexdal Pratt, Director

Beverly Eaves Perdue, Governor  
Albert A. Delia, Acting Secretary

Craig R. Smith, Section Chief  
Phone: (919) 855-3873  
Fax: (919) 733-8139

August 30, 2012

Mr. Jim Swann  
Director, Market Development and Certificate of Need  
Fresenius Medical Care  
3717 National Drive, Suite 206  
Raleigh, North Carolina 27612

RE: Exempt from Review / Acquisition of FMC Mebane by Carolina Dialysis of Mebane, LLC / Alamance  
County  
FID #: 100783

Dear Mr. Swann:

In response to your letter of August 24, 2012, the above referenced proposal is exempt from certificate of need review in accordance with N.C.G.S 131E-184(a)(8). Therefore, Carolina Dialysis of Mebane may proceed to acquire the above referenced health service facility without first obtaining a certificate of need. However, you need to contact the Acute and Home Care Licensure and Certification Section of the Division of Health Service Regulation to obtain instructions for changing ownership of the existing facility. Note that pursuant to N.C.G.S. §131E-181(b): *"A recipient of a certificate of need, or any person who may subsequently acquire, in any manner whatsoever permitted by law, the service for which that certificate of need was issued, is required to materially comply with the representations made in its application for that certificate of need."*

It should be noted that this Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this Agency and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Celia C. Inman  
Project Analyst

Craig R. Smith, Chief  
Certificate of Need Section

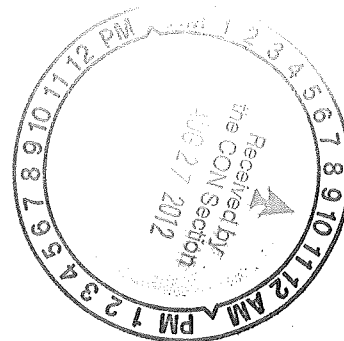
cc: Acute and Home Care Licensure and Certification Section, DHSR





## Fresenius Medical Care

August 24, 2012



Mr. Craig R. Smith, Chief  
Certificate of Need Section  
Division of Health Service Regulation  
North Carolina Department of Health and Human Services  
809 Ruggles Drive  
Raleigh, North Carolina 27603

Re: Notice of Intent to Acquire an Existing Health Service Facility / In Accordance  
With N.C General Statute 131E-184(a)(8) / FMC Mebane / Alamance County

Dear Mr. Smith:

In accordance with N.C General Statute 131E-184(a)(8), Carolina Dialysis of Mebane, LLC, is writing to advise you of our intention to acquire the existing FMC Mebane dialysis center in Mebane, Alamance County, North Carolina. The provider number has not yet been assigned by CMS. Please accept this letter as our formal notice of intent to acquire the facility and equipment currently owned by the facility.

Carolina Dialysis of Mebane, LLC is registered with the North Carolina Secretary of State. A copy of the registration is included as an attachment to this letter. Carolina Dialysis of Mebane, LLC is a partnership between Bio-Medical Applications of North Carolina, Inc. (a 51% owner) and Carolina Dialysis, LLC (a 49% owner).

Carolina Dialysis of Mebane, LLC expects that this acquisition will be formally concluded on or before September 1, 2012.

If you have any questions please contact me at 919-896-7230, or email [jim.swann@fmc-na.com](mailto:jim.swann@fmc-na.com).

Sincerely,

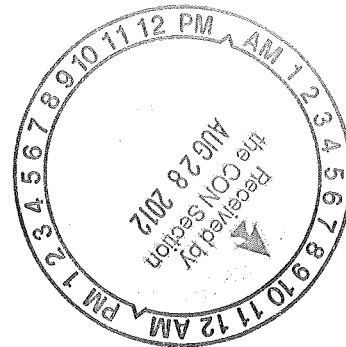
Jim Swann  
Director, Market Development and Certificate of Need

3717 National Drive, Suite 206  
Raleigh, North Carolina 27612



Fresenius Medical Care

August 24, 2012



Mr. Craig R. Smith, Chief  
Certificate of Need Section  
Division of Health Service Regulation  
North Carolina Department of Health and Human Services  
809 Ruggles Drive  
Raleigh, North Carolina 27603

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If you have any questions please contact me at 919-896-7230, or email [jim.swann@fmc-na.com](mailto:jim.swann@fmc-na.com).

Sincerely,

Jim Swann  
Director, Market Development and Certificate of Need



# NORTH CAROLINA Department of the Secretary of State

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To all whom these presents shall come, Greetings:

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

## ARTICLES OF ORGANIZATION

OF

## CAROLINA DIALYSIS OF MEBANE, LLC

the original of which was filed in this office on the 18th day of May, 2012.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 18th day of May, 2012.

*Elaine F. Marshall*

Secretary of State

C201213700327

State of North Carolina  
Department of the Secretary of State

Limited Liability Company  
ARTICLES OF ORGANIZATION

Pursuant to §57C-2-20 of the General Statutes of North Carolina, the undersigned does hereby submit these Articles of Organization for the purpose of forming a limited liability company.

1. The name of the limited liability company is: Carolina Dialysis of Mebane, LLC
2. If the limited liability company is to dissolve by a specific date, the latest date on which the limited liability company is to dissolve: *(If no date for dissolution is specified, there shall be no limit on the duration of the limited liability company.)* n/a
3. The name and address of each person executing these articles of organization is as follows:  
*(State whether each person is executing these articles of organization in the capacity of a member, organizer or both. Note: This document must be signed by all persons listed here).*  
Susan H. Console, organizer  
920 Winter Street  
Waltham, MA 02451
4. The street address and county of the initial registered office of the limited liability company is:  
Number and Street 150 Fayetteville Street, Box 1011  
City, State, Zip Code Raleigh, North Carolina 27601 County Wake
5. The mailing address, *if different from the street address*, of the initial registered office is:  
\_\_\_\_\_
6. The name of the initial registered agent is: C T Corporation System
7. Principal office information: *(Select either a or b.)*
  - a.  The limited liability company has a principal office.  
The street address and county of the principal office of the limited liability company is:  
Number and Street 920 Winter Street  
City, State, Zip Code Waltham, MA 02451 County Middlesex  
The mailing address, *if different from the street address*, of the principal office of the corporation is:  
\_\_\_\_\_
  - b.  The limited liability company does not have a principal office.

8. Check one of the following:

(i) *Member-managed LLC*: all members by virtue of their status as members shall be managers of this limited liability company.

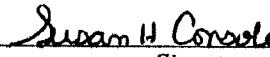
(ii) *Manager-managed LLC*: except as provided by N.C.G.S. Section 57C-3-20(a), the members of this limited liability company shall not be managers by virtue of their status as members.

9. Any other provisions which the limited liability company elects to include are attached.

10. These articles will be effective upon filing, unless a date and/or time is specified:

This is the 15th day of May, 2012.

Carolina Dialysis of Mebane, LLC

  
Signature

Susan H. Console, Organizer

Type or Print Name and Title

NOTES:

1. Filing fee is \$125. This document must be filed with the Secretary of State.

CORPORATIONS DIVISION  
(Revised January 2002)

P.O. Box 29622

RALEIGH, NC 27626-0622  
(Form L-01)

Instructions for Filing

NC049 - 10/17/2008 CT System Online