

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90192 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 511267

1. Corporation Name
GAMBRO HEALTHCARE OF PLANTATION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7061 CYPRESS RD 103 PLANTATION FL 33317 US	Mailing Address 1185 OAK ST ATTN: LEGAL DEPARTMENT LAKEWOOD CO 80215 US
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3. Date Incorporated or Qualified 08/26/1976		
4. FEI Number 59-1802108	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CENTELLA, LAWRENCE J 8420 W BRYN MAWR #880 CHICAGO IL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	AS Lynn N. Meyer 1185 Oak Street Lakewood, CO 80215 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WINSOR, B 1185 OAK ST LAKEWOOD CO 80215 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS LEVY, RALPH Z JR 1919 CHARLOTTE AVE NASHVILLE TN <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lynn N. Meyer* Lynn N. Meyer 4/26/99 (303) 205-2548
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

535388-90192-6

GAMBRO Healthcare of Plantation, Inc.

511267

Officers

<u>Officer Names</u>	<u>Office Held</u>	<u>Business Address</u>
Mats Wahlström	President	1185 Oak Street Lakewood, CO 80215
Ralph Z. Levy, Jr.	Vice President and Secretary	5200 Maryland Way Brentwood, TN 37027
Kevin M. Smith	Vice President and Treasurer	1185 Oak Street Lakewood, CO 80215
Daniel B. Brown	Vice President and Assistant Secretary	5200 Maryland Way Brentwood, TN 37027
Bruce Winsor	Assistant Secretary	1185 Oak Street Lakewood, CO 80215
Lynn N. Meyer	Assistant Secretary	1185 Oak Street Lakewood, CO 80215
Gregg Sonnen	Assistant Treasurer	1185 Oak Street Lakewood, CO 80215
Simon Castellanos	Assistant Treasurer	1185 Oak Street Lakewood, CO 80215

Board of Directors

<u>Director Name</u>	<u>Business Address</u>
Mats Wahlstrom	1185 Oak Street Lakewood, CO 80215
Ralph Z. Levy, Jr.	5200 Maryland Way Brentwood, TN 37027
Gregg Sonnen	1185 Oak Street Lakewood, CO 80215

As of 7/15/98