

FOOOOOOOO 407

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

January 18, 2000

SUBJECT: Gambro Renal Products, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

700003103117--5
-01/19/00--01084--003
*****70.00 *****70.00

Anna Norcia
(Name of Person)

COBE Laboratories, Inc.
(Firm/Company)

10810 W. Collins Avenue
(Address)

Lakewood, CO 80215
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Anna Norcia at (303) 239-2318
(Name of Person) (Area Code & Daytime Telephone Number)

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00 JAN 19 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

mtw
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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Gambro Renal Products, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Colorado 3. 84-1155786
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/20/90 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 01/01/2000
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 10810 w. Collins Avenue
Lakewood, CO 80215
(Current mailing address)
Sale of medical equipment.
8. _____
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida, 32301
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company
By: [Signature]
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: See attached officers/directors rider

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: See attached officers/directors rider

Address: _____

Vice President: _____

Address: _____

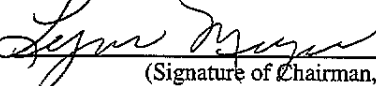
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Lynn N. Meyer, Assistant Secretary
(Typed or printed name and capacity of person signing application)

Gambro Renal Products, Inc. - List of Officers and Directors
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Title	00 JAN Name PH 2: 28	Business Address
President	SECRETARY PEOPLE STATE TALLAHASSEE, FLORIDA	10810 W. Collins Avenue, Lakewood, CO 80215
Sr. Vice President	John Chappell	10810 W. Collins Avenue, Lakewood, CO 80215
Vice President	Len Braganza	10810 W. Collins Avenue, Lakewood, CO 80215
Vice President	Ralph Z. Levy, Jr.	5200 Maryland Way, #300, Brentwood, TN 37027
Vice President	Nancy Walla	10810 W. Collins Avenue, Lakewood, CO 80215
Secretary	Ralph Z. Levy, Jr.	5200 Maryland Way, #300, Brentwood, TN 37027
Secretary, Assistant	Lynn N. Meyer	10810 W. Collins Avenue, Lakewood, CO 80215
Secretary, Assistant	Bruce R. Winsor	10810 W. Collins Avenue, Lakewood, CO 80215
Treasurer	Kevin M. Smith	10810 W. Collins Avenue, Lakewood, CO 80215
Treasurer, Assistant	Deb Clark	10810 W. Collins Avenue, Lakewood, CO 80215
Director	Mats Wahlstrom	10810 W. Collins Avenue, Lakewood, CO 80215
Director	Kevin M. Smith	10810 W. Collins Avenue, Lakewood, CO 80215
Director	Soren Mellstig	Hamngatan 2, SE-10389 Stockholm, Sweden
Director	Ralph Z. Levy, Jr.	5200 Maryland Way, #300, Brentwood, TN 37027



STATE OF COLORADO

DEPARTMENT OF STATE CERTIFICATE

I, DONETTA DAVIDSON, SECRETARY OF STATE OF THE STATE OF
COLORADO HEREBY CERTIFY THAT ACCORDING TO THE RECORDS OF
THIS OFFICE,

GAMBRO RENAL PRODUCTS, INC.
(COLORADO CORPORATION)

BECAME INCORPORATED UPON FILING ARTICLES OF INCORPORATION
DATED NOVEMBER 20, 1990.

Dated: January 06, 2000

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00 JAN 19 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Donetta Davidson

SECRETARY OF STATE