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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 12 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

181

Principal Place	NIUS MEDICAL CARE HOL	LDINGS, INC. Mailing Address					
•		95 HAYDEN AVE			İ		
95 hayden ave Lexington ma 02173 US		LEXINGTON MA 02173 US		DO NOT WRITE	IN THIS SPACE		
		• •			3. Date Incorporated or Qualified		
					04/17/1991		
	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt. (# elc	26 Suite, Apt. #, etc.			13-3461988	60.75	Not Applicable Additional
12	#, DIO.	27			5. Certificate of Status Desired		Required
City & State	9	City & State		•	6. Election Campaign Financing	\$5.00	May Be
!3		28			Trust Fund Contribution		lo Fees
Zıp	Country	Zip	Countr	у	8. This corporation owes or has pai		
4	25	29	30		Personal Property Tax due June 10. Name and Address of New Rey		∐ No
	9. Name and Address of Curre	ont Registered Agent	81	Name	10. Name and Address of New He	distated ydant	
	CORPORATION SYSTEM						
	00 South Pine Island Road Antation FL 33324	,	82	Street Add	Iress (P.O. Box Number is Not Acceptab	ye)	
r C	ANTAHON PE 35524		83				
			84	City		85 Zip	Code
			64	City			0 0000
agent. I ar	m familiar with, and accept the obli	gations of, Section 607.0505,	as aumonzeu t , Florida Statute	es.	tion's board of directors. I hereby accep		•
SIGNATURE	Signature, typied or posited name of registerest a				aired when renstating) ADDITIONS/CHANGES TO OFFIC	DATE	
SIGNATURE	Signature, typied or posited name of registerest a	igent med litte if Applicables — (f	NOTE Registered Ag	gent signature requ	lired when re-instating)	DATE	DRS IN 12
SIGNATURE	Signature of profited name of registeres to OFFICERS A PAS LIPPS, BEN P	igned and little if applicable (f	NOTE Registered Ap	geni signature requ	lired when re-instating)	DATE CERS AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE	OFFICERS A PAS LIPPS, BEN P 24 SEQUOIA LANE	igned and little if applicable (f	NOTE Registered Ap 13. 1.1 TITLE 1.2 NAME	geni signature requ	lired when re-instating)	DATE CERS AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A PAS LIPPS, BEN P 24 SEQUOIA LANE WALNUT CREEK CA	NO DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	gent signature requirements of the s	lired when re-instating)	DATE CERS AND DIRECTO	DRS IN 12
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FRESENIUS MEDICAL CARE HOLDINGS, INC.

LIST OF OFFICERS AND DIRECTORS EFFECTIVE 2/24/98

DIRECTORS	OFFICE HELD	BUSINESS ADDRESS
WILLIAM GRIECO	DIRECTOR	95 HAYDEN AVENUE LEXINGTON, MA 02173
BEN LIPPS	DIRECTOR	95 HAYDEN AVENUE LEXINGTON, MA 02173
GEOFFREY SWETT	DIRECTOR	95 HAYDEN AVENUE LEXINGTON, MA 02173
UDO WERLE	DIRECTOR	95 HAYDEN AVENUE LEXINGTON, MA 02173
OFFICERS	OFFICE HELD	BUSINESS ADDRESS
BEN LIPPS	PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02173
BEN LIPPS GEOFFREY SWETT	PRESIDENT VICE PRESIDENT	
		LEXINGTON, MA 02173 95 HAYDEN AVENUE