511267



ACCOUNT NO. : 072100000032

REFERENCE: 124972

: 124972 4346117

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : February 4, 1999

ORDER TIME : 9:38 AM

ORDER NO. : 124972

CUSTOMER NO:

4346117

CUSTOMER: Anna Norcia, Corp Paralegal

Cobe Laboratories, Inc

1209 Quail Street

に表現 Lakewood, CO 80215-4498

ESE ESE

NAME: GAMBRO HEALTHCARE OF

PLANTATION, INC

CHANGE OF AGENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds

RA. Charge 4-16-39

100002841901--7

Florida Department of State, Sandra B. Mortham, Secretary of State

* * * FILING FEE: \$35.00 * * *

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.15		
undersigned corp	oration organized under the laws of the State of	Ge or registered agent	t or both in the
	ving statement in order to change its registered of	fice of registered agon	, or oom, arm
State of Florida.			-
	ne corporation is:		
Gambro Heal	thcare of Plantation, Inc.		
2. The mailing ad	dress of the corporation is: 1185 Oak Street	<u> </u>	
Lakewood,	CO 80215-4498		
	oration/qualification: August 26, 1976 Do	-	<u>6</u> 7
	address of the current registered agent and office:		= -
C	T Corporation System		TAN SE
	200 South Pine Island Road		<u>-</u> F9
	Plantation, FL 33324		AETAS AETAS
5. The name and	address of the new registered agent and office: (P.	O. Box Not Acceptable	e) SER 16
C	orporation Service Company	·	
1	201 Hays Street		AM II: I
	Tallahassee, FL 32301		♥ Priss
The street addre	ess of its registered office and the street address ed, will be identical.	of the business office of	of its registered
Such change wa	as authorized by resolution duly adopted by its be board.	oard of directors or by	an officer so
. 4	7. Down	4/5/9	79
(Signature o	of an officer, charman or vice chairman of the board)	(Date)	=
Lynn Meyer, Ass	istant Secretary		
	(Printed or typed name and title)	(Date	
Having been na corporation, I h I further agree t performance of registered agen	med as registered agent and to accept service of ereby accept the appointment as registered age to comply with the provisions of all statutes relainly duties, and I am familiar with and accept the time.	f process for the above ni and agree to act in t dive to the proper and e obligation of my pos	r stated this capacity. complete ition as
	Service Company	1.160	_ 7
	ignature of Registered Agent)	(Date))
If signing on behal		• ′ -	=======================================
Karen E. Wehne		Assistant Vice Pre	<u>=</u> š <u>i</u> dent
	Typed or Printed Name)	(Capacity)	MA.
ATATIA 15/2/05)	· ·	-	