

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90192 006 \*\*\*150.00

DOCUMENT # 511267

1. Corporation Name

GAMBRO HEALTHCARE OF PLANTATION, INC.

Principal Place of Business

7061 CYPRESS RD  
103  
PLANTATION FL 33317  
US

Mailing Address

1185 OAK ST  
ATTN: LEGAL DEPARTMENT  
LAKEWOOD CO 80215  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1976

4. FEI Number

59-1802108

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

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

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP  
NAME CENTELLA, LAWRENCE J  
STREET ADDRESS 8420 W BRYN MAWR #880  
CITY-ST-ZIP CHICAGO IL

☒ DELETE

TITLE AS  
NAME WINSOR, B  
STREET ADDRESS 1185 OAK ST  
CITY-ST-ZIP LAKEWOOD CO 80215

☐ DELETE

TITLE DVPS  
NAME LEVY, RALPH Z JR  
STREET ADDRESS 1919 CHARLOTTE AVE  
CITY-ST-ZIP NASHVILLE TN

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE AS  
1.2 NAME Lynn N. Meyer  
1.3 STREET ADDRESS 1185 Oak Street  
1.4 CITY-ST-ZIP Lakewood, CO 80215

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ 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)

**GAMBRO Healthcare of Plantation, Inc.**

535388-90192-6

511267

**Officers**

<u><b>Officer Names</b></u>	<u><b>Office Held</b></u>	<u><b>Business Address</b></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><b>Director Name</b></u>	<u><b>Business Address</b></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