

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 511267

1. Entity Name

GAMBRO HEALTHCARE OF PLANTATION, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90374 031 ***150.00

C0055218



DO NOT WRITE IN THIS SPACE

Principal Place of Business
7061 CYPRESS RD
103
LAKEWOOD CO 80215
US

Mailing Address
10810 W COLLINS AVENUE
ATTN: LEGAL DEPARTMENT
LAKEWOOD CO 80215
US

2. Principal Place of Business
10810 W. Collins Ave.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Lakewood, Colorado

City & State

Zip
80215-4439

Country
US

Zip

Country

4. FEI Number **59-1802108**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS WINSOR, B 1185 OAK ST LAKEWOOD CO 80215 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS LEVY, RALPH Z JR 1919 CHARLOTTE AVE NASHVILLE TN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MEYER, LYNN N 1185 OAK STREET LAKEWOOD CO 80215 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

ADDITIONAL SHEET IS ATTACHED
INDICATING ALL ADDITIONS.

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Lynn N. Meyer* **Lynn N. Meyer** **Assistant Secretary** **04/17/2001** **303.232.6800**
Signature and typed or printed name of signing officer or director Date Daytime Phone

CR2E034 (10/00)

Gambro Healthcare of Plantation, Inc.

Attachment

- Document 5/1/267

C0055818

Officers

Name	Title	Election Date	Phone	Address
Larry Buckelew	President	06/20/00	303-232-6800	10810 W. Collins Avenue Lakewood, CO 80215-4439
Gregg Sonnen	VP	06/20/00	615-320-4200	1919 Charlotte Avenue Nashville, TN 37203
Ralph Levy, Jr.	VP	06/20/00	615-320-4200	5200 Maryland Way Brentwood, TN 37027
Geoff Simpson	VP	06/20/00	303-232-6800	10810 W. Collins Avenue Lakewood, CO 80215-4439
Ralph Levy, Jr.	Secretary	06/20/00	615-320-4200	5200 Maryland Way Brentwood, TN 37027
Kevin Smith	Treasurer	06/20/00	303-232-6800	10810 W. Collins Lakewood, CO 80215-4439
Lynn Meyer	Asst. Secretary	06/20/00	303-232-6800	10810 West Collins Avenue Lakewood, CO 80215
Gregg Sonnen	Asst. Treasurer	06/20/00	615-320-4200	1919 Charlotte Avenue Nashville, TN 37203
Geoff Simpson	Asst. Treasurer	06/20/00	303-232-6800	10810 W. Collins Avenue Lakewood, CO 80215-4439

Directors

Name	Election Date	Phone	Address
Ralph Levy, Jr.	06/20/00	615-320-4200	5200 Maryland Way Brentwood, TN 37027
Kevin Smith	06/20/00	303-232-6800	10810 W. Collins Lakewood, CO 80215-4439
Gregg Sonnen	06/20/00	615-320-4200	1919 Charlotte Avenue Nashville, TN 37203
Larry Buckelew	06/20/00	303-232-6800	10810 W. Collins Avenue Lakewood, CO 80215-4439