

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 511267

FILED  
Apr 27, 2004  
Secretary of State

**Entity Name:** GAMBRO HEALTHCARE OF PLANTATION, INC.

**Current Principal Place of Business:**

10810 W COLLINS AVENUE  
LAKEWOOD, CO 802154439 US

**New Principal Place of Business:**

**Current Mailing Address:**

10810 W COLLINS AVENUE  
ATTN: LEGAL DEPARTMENT  
LAKEWOOD, CO 802154439 US

**New Mailing Address:**

**FEI Number:** 59-1802108

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: VATD ( ) Delete  
Name: SONNEN, GREGG W  
Address: 10810 W. COLLINS AVENUE  
City-St-Zip: LAKEWOOD, CO 802154439 US

Title: S ( ) Delete  
Name: WINSOR, BRUCE R  
Address: 10810 WEST COLLINS AVENUE  
City-St-Zip: LAKEWOOD, CO 802154439 US

Title: AS ( ) Delete  
Name: MEYER, LYNN N  
Address: 10810 W. COLLINS AVENUE  
City-St-Zip: LAKEWOOD, CO 802154439 US

Title: PD ( ) Delete  
Name: BUCKELEW, LARRY C  
Address: 10810 W. COLLINS AVENUE  
City-St-Zip: LAKEWOOD, CO 802154439 US

Title: VP ( ) Delete  
Name: SIMPSON, GEOFF  
Address: 10810 W. COLLINS AVENUE  
City-St-Zip: LAKEWOOD, CO 802154439 US

Title: TD ( ) Delete  
Name: SMITH, KEVIN M  
Address: 10810 W. COLLINS AVENUE  
City-St-Zip: LAKEWOOD, CO 802154439 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN N MEYER

AS

04/27/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date