

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

**FILED**  
**May 12, 1999 8:00 am**  
**Secretary of State**

05-12-1999 90008 023 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 836941

1. Corporation Name  
**GAMBRO HEALTHCARE RENAL CARE, INC.**



Principal Place of Business: 1919 CHARLOTTE AVE, NASHVILLE TN 37203, US  
 Mailing Address: 1185 OAK ST, LAKEWOOD CO 80215, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/1976  
 4. FEI Number: 95-2977916  
 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 (21-24)  
 2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code: FL

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WAHLSTRON, MATS	
STREET ADDRESS	1185 OAK ST	
CITY-ST-ZIP	LAKEWOOD CO	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	LEVY, RALPH Z JR	
STREET ADDRESS	1919 CHARLOTTE AVE	
CITY-ST-ZIP	LAKEWOOD CO	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WINSOR, BRUCE	
STREET ADDRESS	1185 OAK ST	
CITY-ST-ZIP	LAKEWOOD CO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lynn N. Meyer	
1.3 STREET ADDRESS	1185 Oak Street	
1.4 CITY-ST-ZIP	Lakewood, CO 80215	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 (1/98)

546705-90008-23  
836941

**GAMBRO Healthcare Renal Care, Inc.**

**Officers**

<u>Officer Names</u>	<u>Office Held</u>	<u>Business Address</u>
Mats Wahlström	President	1185 Oak Street Lakewood, CO 80215
Ralph Z. Levy, Jr.	Vice President/ Secretary	5200 Maryland Way, #300 Brentwood, TN 37027
Kevin M. Smith	Vice President/Treasurer	1185 Oak Street Lakewood, CO 80215
Daniel B. Brown	Vice President/Assistant Secretary	5200 Maryland Way, #300 Brentwood, TN 37027
Gregg Sonnen	Assistant Treasurer	1185 Oak Street Lakewood, CO 80215
Simon Castellanos	Assistant Treasurer	1185 Oak Street Lakewood, CO 80215
Bruce Winsor	Assistant Secretary	1185 Oak Street Lakewood, CO 80215
Lynn N. Meyer	Assistant Secretary	1185 Oak Street Lakewood, CO 80215

**Board of Directors**

<u>Director Name</u>	<u>Business Address</u>
Mats Wahlström	1185 Oak Street Lakewood, CO 80215
Ralph Z. Levy, Jr.	5200 Maryland Way, #300 Brentwood, TN 37027
Gregg Sonnen	1185 Oak Street Lakewood, CO 80215