

836941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF REGISTRATION

N.C.
C. Coulllette OCT 12 2005



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 633367 7477389

AUTHORIZATION :

Patricia Pappas

COST LIMIT : \$ 35.00

ORDER DATE : October 4, 2005

ORDER TIME : 9:21 AM

ORDER NO. : 633367-110

CUSTOMER NO: 7477389

FOREIGN FILINGS

NAME: GAMBRO HEALTHCARE RENAL CARE,
INC.

XX PROFIT

XX CORPORATE

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER: _____

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

836941

(Document number of corporation (if known))

1. Gambro Healthcare Renal Care, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Nevada

(Incorporated under laws of)

3. August 31, 1976

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____

5. DVA Healthcare Renal Care, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Corinna B. Polk

(Typed or printed name of person signing)

OCT 05 2005

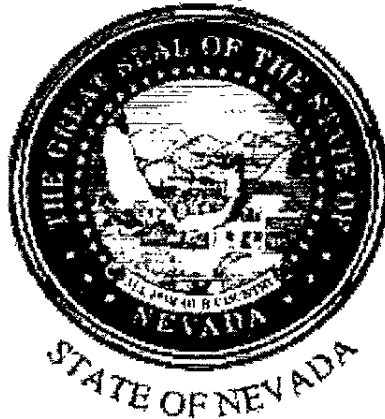
(Date)

Assistant Secretary

(Title of person signing)

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TALLAHASSEE, FLORIDA

SECRETARY OF STATE



CERTIFICATE OF NAME CHANGE

I, DEAN HELLER, the duly qualified and elected Nevada Secretary of State, do hereby certify that on October 7, 2005, a Certificate of Amendment to its Articles of Incorporation changing the name to **DVA HEALTHCARE RENAL CARE, INC.**, was filed in this office by **GAMBRO HEALTHCARE RENAL CARE, INC.**. Said change of name has been made in accordance with the laws of the State of Nevada and that said Certificate of Amendment is now on file and of record in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on October 7, 2005.

DEAN HELLER
Secretary of State

By

Certification Clerk

