

F010000003037

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gambro Healthcare Patient Services Supply Corp.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Anna Norcia, Legal Dept.

(Name of Person)

Gambro, Inc.

(Firm/Company)

10810 W. Collins Ave.

(Address)

Lakewood, CO 80215

(City/State and Zip code)

For further information concerning this matter, please call:

Anna Norcia

(Name of Person)

at (303) 239-2318

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

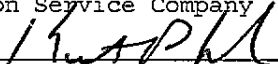
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. GAMBRO Healthcare Patient Services Supply Corp.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Tennessee 3. 62-1287600
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/07/86 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7329 West Oakland Parkway, Lauderdale, FL33319
7. _____
(Principal office address)
10810 W. Collins Ave., Lakewood, CO 80215
(Current mailing address)
8. operate a dialysis supply company
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached officers/directors rider

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached officers/directors rider

Address: _____

Vice President: _____

Address: _____

Secretary: _____

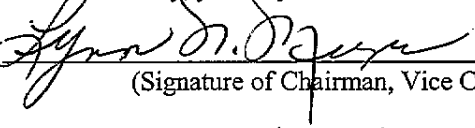
Address: _____

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Lynn N. Meyer, Assistant Secretary
(Typed or printed name and capacity of person signing application)

Gambro Healthcare Patient Serv Supply Corporation**Officers**

Name	Title	Election Date	Phone	Address
Larry Buckelew	President	20-Jun-00	303-232-6800	10810 W. Collins Avenue Lakewood, CO 80215-4439
Gregg Sonnen	Senior VP	20-Jun-00	615-320-4200	1919 Charlotte Avenue Nashville, TN 37203
Ralph Levy, Jr.	Senior VP	20-Jun-00	615-320-4200	5200 Maryland Way Brentwood, TN 37027
Geoff Simpson	Vice President	20-Jun-00	303-232-6800	10810 W. Collins Avenue Lakewood, CO 80215-4439
Ralph Levy, Jr.	Secretary	20-Jun-00	615-320-4200	5200 Maryland Way Brentwood, TN 37027
Kevin Smith	Treasurer	20-Jun-00	303-232-6800	10810 W. Collins Lakewood, CO 80215-4439
Lynn Meyer	Asst. Secretary	20-Jun-00	303-232-6800	10810 West Collins Avenue Lakewood, CO 80215
Gregg Sonnen	Asst. Treasurer	20-Jun-00	615-320-4200	1919 Charlotte Avenue Nashville, TN 37203
Robert Belknapp	Asst. Treasurer	01-Apr-01	303-232-6800	10810 W. Collins Avenue Lakewood, CO 80215
Geoff Simpson	Asst. Treasurer	20-Jun-00	303-232-6800	10810 W. Collins Avenue Lakewood, CO 80215-4439

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**Gambro Healthcare Patient Serv Supply Corporation
Directors**

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

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TALLAHASSEE FLORIDA

**Secretary of State
Division of Business Services**

**312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243**

ISSUANCE DATE: 05/23/2001
REQUEST NUMBER: 01143130
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 10/07/1986
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0178939
JURISDICTION: TENNESSEE

TO:
GAMBRO, INC.
AT: ANNA NORCIA
10810 W. COLLINS AVE
LAKEWOOD, CO 80215-4439

REQUESTED BY:
GAMBRO, INC.
AT: ANNA NORCIA
10810 W. COLLINS AVE
LAKEWOOD, CO 80215-4439

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"GAMBRO HEALTHCARE PATIENT SERVICES SUPPLY CORP."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED
WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

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TALLAHASSEE FLORIDA

FOR: REQUEST FOR CERTIFICATE

ON DATE: 05/23/01

FROM:
GAMBRO INC
10810 W. COLLINS AVE
LAKEWOOD, CO 80215-4439

	FEES	
RECEIVED:	\$40.00	\$0.00
TOTAL PAYMENT RECEIVED:		\$40.00

RECEIPT NUMBER: 00002884893
ACCOUNT NUMBER: 00334504



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE