## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F01000005038

Entity Name: GAMBRO MEDICAL SUPPLY, INC.

FILED Apr 21, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
3150 PROSPECT ROAD SUITE 320 FORT LAUDERDALE, FL 33309 US								
Current Mailing Address:					New Mailing Address:			
10810 WEST COLLINS AVE. LEGAL DEPARTMENT LAKEWOOD, CO 802154439 US								
FEI Number: 84-1600183 FEI Number Applied For ( ) FEI Number			FEI Num	mber Not Applicable ( ) Certificate of Status Desired ( )				
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US  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:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PD () D RAMBO, KATHLE 10810 W. COLLII LAKEWOOD, CO	NS AVE.	- US		Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition ICK OLLINS AVE. ), CO 802154439 US	
Title: Name: Address: City-St-Zip:	VAT () C SIMPSON, GEOF 10810 W. COLLIN LAKEWOOD, CO	NS AVE.	9 US		Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition SLAS PECT RD, SUITE 320 RDALE, FL 33309 US	
Title: Name: Address: City-St-Zip:	S () D LARSON, SCOTT 10810 W. COLLIN LAKEWOOD, CO	NS AVE.	9 US		Title: Name: Address: City-St-Zip:	10810 W. C	(X) Change ( ) Addition , JEREMIAH J OLLINS AVE. ), CO 802154439 US	
Title: Name: Address: City-St-Zip:	TD () C SMITH, KEVIN M 10810 W. COLLIN LAKEWOOD, CO		9 US		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	AS () C MEYER, LYNN N 10810 W. COLLIN LAKEWOOD, CO		9 US		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	AS () D LUNSFORD, EDV 3300 PGA BLVD PALM BEACH GA	SUITE 430	. 33410 US		Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition ROBERT OLLINS AVE. ), CO 802154439 US	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 04/21/2006