## **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # F9400004860 1. Entity Name GAMBRO NEPHROLOGY SERVICES, INC. Principal Place of Business Mailing Address 1850 GATEWAY DRIVE 10810 W COLLINS AVE

## FILED Apr 30, 2001 8:00 am Secretary of State 04-30-2001 90331 027 \*\*\*150.00

OO AN MATEO CA		ATTN: LEGAL DEPT. LAKEWOOD CO 80215 US						6242	<b>4</b> 1 <b>1</b> 0 m	
2. Principal P	Place of Business	3. Mailing Address								
10310	W. Collins Avenue									
Suite, Apt.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat		City & State	City & State			4. FEI Number 33-0606825 Applied For Not Applicable				
Lakewood, Colorado Zip Country		Zìp	Zip Country			5. Certificate of Status Desired Sa.75 Additional Fee Required				
80215	-4439 US	Do sistered Amont	-interest & nont		7. Name and Address of New Registered Agent				<u></u>	
	6. Name and Address of Current	registered Agent		Name	7. 1	Name and Address (	n New Negistered	Agent		
CODE	PORATION SERVICE COMPANY									
	HAYS STREET		Street Address			(P.O. Box Number is Not Acceptable)				
	AHASSEE FL 32301-2525		·							
17100	, 1 1 100 E   1 0 0 0 0 1 0 0 0 0									
						<del></del>	FI	Zip Code	€	
8. The above	named entity submits this statement for				registered ag		ate of Florida.			
<del></del>				10.0450.0		<u> </u>	·	<del></del>		
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St			10. Election Camp Trust Fund Co	_		May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.		Αſ	DDITIONS/CHANGES	TO OFFICERS AN	D DIRECTORS	3 IN 11	
TITLE	SVP	☐ Delete	TITLE	<b>E</b>	PD			☐ Change	<b>x-x</b> Addition	
NAME	RALPH Z LEVY JR		NAM	E		ry C. Bucke				
STREET ADDRESS	1919 CHARLOTTE AVE		STRE	ET ADDRESS	1081	0 W. Collin	s Avenue			
CITY-ST-ZIP	NASHVILLE TN 37203		CITY	-ST-ZIP		wood, CO 8	<u>0215-4439                                   </u>	<del> </del>		
TITLE	AS	Delete	TiTLI	E	VP			Change	Addition	
NAME	BRUCE WINSOR		NAM	E	Davi	d Doane				
STREET ADDRESS	1185 OAK ST			ET ADDRESS	1081	0 W. Collin	s Avenue			
CITY-ST-ZIP	LAKEWOOD CO 80215		CITY	-ST-ZIP	Lake	wood, CO 8	0215-4439			
TITLE	AS	☐ Delete	TITLI	E	VAT			Change	Addition	
NAME	MEYER, LYNN M		NAM	E	Geof	f Simpson			}	
STREET ADDRESS	1185 OAK STREET		STRE	ET ADDRESS		O W. Collin	s Avenue			
CITY-ST-ZIP	LAKEWOOD CO 80215		CITY	-ST-ZIP		wood, CO 8				
TITLE		☐ Delete	TITL	E	VATD		0_13 ,,0,	Change	Addition X	
NAME			NAM	E j		g Sonnen			}	
STREET ADDRESS	· ·			ET ADDRESS		Charlotte	Avenue			
CITY-ST-ZIP			CITY	-ST-ZIP		ville, TN				
TITLE		☐ Delete	TITL	E	TD	,		☐ Change	Addition	
NAME			NAM	E }	Kevi	n M. Smith			^	
STREET ADDRESS				ET ADDRESS		O W. Collina	s Avenue		. [	
CITY-ST-ZIP			CITY	-ST-ZIP		wood. CO 8				
TITLE		☐ Delete	TITL	E				☐ Change	☐ Addition	
NAME			NAM	E						
STREET ADDRESS			STRE	ET ADDRESS					Į	
CITY-ST-ZIP			CITY	-ST-ZIP					1	
<b>13.</b> 1 hereby (	certify that the information supplied with	this filing does not qualify for	the exe	mption state	ed in Section	119.07(3)(i), Florida S	Statutes. I further ce	ertify that the in	nformation	

indicated on this report or supplemental 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 receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 📿

NATURE AND TYPED OR PRINTED NAME OF SPHING OFFICE MESING CTOR Assistant Secretary Date

4/17/2001

303.232.6800

Daytime Phone #