

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90192 008 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # F96000002809**

1. Corporation Name

**DIALYSIS HOLDINGS LABORATORY SERVICES, INC.**



Principal Place of Business

**1850 GATEWAY DRIVE  
500  
SAN MATEO CA 94404  
US**

Mailing Address

**1185 OAK ST  
LAKEWOOD CO 80215**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/05/1996**

4. FEI Number

**33-0697637**

Applied For

Not Applicable

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **LEVY, RALPH Z**  
CITY-ST-ZIP **1919 CHARLOTTE AVE  
NASHVILLE TN 37203**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☒ Addition  
**AS**  
**Lynn N. Meyer**  
**1185 Oak Street**  
**Lakewood, CO 80215**

TITLE ☐ DELETE  
NAME **AS**  
STREET ADDRESS **WINSOR, BRUCE**  
CITY-ST-ZIP **1185 OAK ST  
LAKEWOOD CO 80215**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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**

4/26/99

(303) 205-2542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)

**DIALYSIS HOLDINGS LABORATORY SERVICES, INC.**

535390-90192-8

**Officers**

F96000002809

<u>Officer Names</u>	<u>Office Held</u>	<u>Business Address</u>
Mats Wahlström	President	1185 Oak Street Lakewood, CO 80215
Kevin M. Smith	Vice President/Treasurer	1185 Oak Street Lakewood, CO 80215
Ralph Z. Levy, Jr.	Vice President/ Secretary	5200 Maryland Way, #300 Brentwood, TN 37027
Brian Walters	Vice President	5361 NW 33 <sup>rd</sup> Avenue Ft. Lauderdale, FL 33309
Daniel Brown	Vice President/Asst. Secretary	5200 Maryland Way, #300 Brentwood, TN 37027
Bruce Winsor	Assistant Secretary	1185 Oak Street Lakewood, CO 80215
Lynn N. Meyer	Assistant Secretary	1185 Oak Street Lakewood, CO 80215
Gregg Sonnen	Assistant Treasurer	1919 Charlotte Ave. Nashville, TN 37203
Simon Castellanos	Assistant Treasurer	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	1919 Charlotte Avenue Nashville, TN 37203