

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002809

1. Entity Name

DIALYSIS HOLDINGS LABORATORY SERVICES, INC.

Principal Place of Business

1850 GATEWAY DRIVE
500
SAN MATEO CA 94404
US

Mailing Address

10810 W COLLINS AVE
ATTN: LEGAL DEPARTMENT
LAKEWOOD CO 80215
US

2. Principal Place of Business

3951 S.W. 30th Avenue

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Zip

33312

Country

US

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

4. FEI Number 33-0697637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVY, RALPH Z 1919 CHARLOTTE AVE NASHVILLE TN 37203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WINSOR, BRUCE 1185 OAK ST LAKEWOOD CO 80215	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MEYER, LYNN N 1185 OAK STREET LAKEWOOD CO 80215	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Director James H. Booth 3951 S.W. 30th Avenue Ft. Lauderdale, FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Medical Officer/VP Michael Lynch, M.D. 3951 S.W. 30th Avenue Ft. Lauderdale, FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/AT Geoff Simpson 10810 W. Collins Avenue Lakewood, CO 80215-4439	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Director Kevin M. Smith 10810 W. Collins Avenue Lakewood, CO 80215-4439	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT/ Director Gregg Sonnen 1919 Charlotte Avenue Nashville, TN 37203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Larry C. Buckelew 10810 W. Collins Avenue Lakewood, CO 80215-4439	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 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 receiver 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:

Lynn N. Meyer

Lynn N. Meyer

04/11/2001

303-232-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary

Date

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90177 050 ***150.00

00040901



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Attachment

Dialysis Holdings Laboratory Services, Inc. #F96000002809
D0040901

Officers

Name	Title	Election Date	Phone	Address - Business shown first line.
James Booth Home:	President	02/01/01	954-585-1100	3951 Southwest 30th Avenue Fort Lauderdale, FL 33312 2997 Wentworth Weston FL 33332
Michael Lynch, MD Home:	Chief Med. Officer	06/20/00	954-777-1100	3951 S.W. 30th Avenue Ft. Lauderdale, FL 33312 FL
Michael Lynch, MD Home:	VP	06/20/00	954-777-1100	3951 S.W. 30th Avenue Ft. Lauderdale, FL 33312 FL
Ralph Levy, Jr. Home:	VP	06/20/00	615-320-4200	5200 Maryland Way Brentwood, TN 37027 2052 Timberwood Drive Nashville TN 37215
Geoff Simpson Home:	VP	06/20/00	303-232-6800	10810 W. Collins Avenue Lakewood, CO 80215-4439 655 Brentwood Street Lakewood CO 80215
Ralph Levy, Jr. Home:	Secretary	06/20/00	615-320-4200	5200 Maryland Way Brentwood, TN 37027 2052 Timberwood Drive Nashville TN 37215
Kevin Smith Home:	Treasurer	06/20/00	303-232-6800	10810 W. Collins Lakewood, CO 80215-4439 21445 E. Briarwood Drive Aurora CO 80016
Lynn Meyer Home:	Asst. Secretary	06/20/00	303-232-6800	10810 West Collins Avenue Lakewood, CO 80215 10487 East Ida Avenue Englewood CO 80111
Gregg Sonnen Home:	Asst. Treasurer	06/20/00	615-320-4200	1919 Charlotte Avenue Nashville, TN 37203 129 Brighton Close Nashville TN 37205
Geoff Simpson Home:	Asst. Treasurer	06/20/00	303-232-6800	10810 W. Collins Avenue Lakewood, CO 80215-4439 655 Brentwood Street Lakewood CO 80215

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Name	Election Date	Phone	Address
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Ralph Levy, Jr. Home:	06/20/00	615-320-4200	5200 Maryland Way Brentwood, TN 37027 2052 Timberwood Drive Nashville TN 37215

attach

Kevin Smith

06/20/00

303-232-6800

10810 W. Collins Lakewood, CO 80215-4439

Home:

21445 E. Briarwood Drive Aurora CO 80016

#F96000002809
D0040901

James Booth

02/01/01

954-585-1100

3951 Southwest 30th Avenue Fort Lauderdale, FL
33312

Home:

2997 Wentworth Weston FL 33332

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0570639

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COPY

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SIGNATURE: *Lynn N. Meyer* Lynn N. Meyer 04/11/2001 303-232-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Assistant Secretary Date Daytime Phone #

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