

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90177 050 \*\*\*150.00

**DOCUMENT # F96000002809**

1. Entity Name  
**DIALYSIS HOLDINGS LABORATORY SERVICES, INC.**

Principal Place of Business <b>1850 GATEWAY DRIVE                  500                  SAN MATEO CA 94404                  US</b>	Mailing Address <b>10810 W COLLINS AVE                  ATTN: LEGAL DEPARTMENT                  LAKEWOOD CO 80215                  US</b>
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**00040901**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3951 S.W. 30th Avenue</b> Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number <b>33-0697637</b>	Applied For Not Applicable
City & State <b>Ft. Lauderdale, FL</b>	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>33312</b>	Country <b>US</b>	Zip	Country

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY                  1201 HAYS STREET                  TALLAHASSEE FL 32301-2525</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LEVY, RALPH Z</b> <b>1919 CHARLOTTE AVE</b> <b>NASHVILLE TN 37203</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President / Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>James H. Booth</b> <b>3951 S.W. 30th Avenue</b> <b>Ft. Lauderdale, FL 33312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>WINSOR, BRUCE</b> <b>1185 OAK ST</b> <b>LAKEWOOD CO 80215</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chief Medical Officer/VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Michael Lynch, M.D.</b> <b>3951 S.W. 30th Avenue</b> <b>Ft. Lauderdale, FL 33312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>MEYER, LYNN N</b> <b>1185 OAK STREET</b> <b>LAKEWOOD CO 80215</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President/AT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Geoff Simpson</b> <b>10810 W. Collins Avenue</b> <b>Lakewood, CO 80215-4439</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer/Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Kevin M. Smith</b> <b>10810 W. Collins Avenue</b> <b>Lakewood, CO 80215-4439</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT/ Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Gregg Sonnen</b> <b>1919 Charlotte Avenue</b> <b>Nashville, TN 37203</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Larry C. Buckelew</b> <b>10810 W. Collins Avenue</b> <b>Lakewood, CO 80215-4439</b>

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 Date Daytime Phone #  
**Assistant Secretary**

04/11/0039  
CR2E034 (10/00)

Attachment

**Dialysis Holdings Laboratory Services, Inc.** #F96000002809  
D0040901

**Officers**

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

**Directors**

Name	Election Date	Phone	Address
<b>Larry Buckelew</b> Home:	06/20/00	303-232-6800	10810 W. Collins Avenue Lakewood, CO 80215-4439 7261 S. Polo Ridge Dr. Littleton CO 80128
<b>Ralph Levy, Jr.</b> Home:	06/20/00	615-320-4200	5200 Maryland Way Brentwood, TN 37027 2052 Timberwood Drive Nashville TN 37215

attach  
#F96000002809  
D0040901

**Kevin Smith** 06/20/00 303-232-6800  
Home:

10810 W. Collins Lakewood, CO 80215-4439  
21445 E. Briarwood Drive Aurora CO 80016

**James Booth** 02/01/01 954-585-1100  
Home:

3951 Southwest 30th Avenue Fort Lauderdale, FL 33312  
2997 Wentworth Weston FL 33332

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**COPY**  
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US

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LAKEWOOD CO 80215  
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Suite, Apt. #, etc.

3. Mailing Address  
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City & State  
Ft. Lauderdale, FL

City & State

4. FEI Number **33-0697637**

Applied For  
 Not Applicable

Zip Country  
33312 US

Zip Country

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TALLAHASSEE FL 32301-2525

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Name

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**  
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Director</b> <b>Larry C. Buckelew</b> <b>10810 W. Collins Avenue</b> <b>Lakewood, CO 80215-4439</b>

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SIGNATURE: *Lynn N. Meyer* **Lynn N. Meyer** 04/11/2001 303-232-6800  
ASSISTANT SECRETARY Date Date-time Phone #

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DDO 40901

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