

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90145 021 \*\*\*150.00

**DOCUMENT # F96000002809**

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

Principal Place of Business  
**3951 SW 30TH AVE  
 FORT LAUDERDALE FL 33312  
 US**

Mailing Address  
**10810 W COLLINS AVE  
 ATTEN: LEGAL DEPARTMENT  
 LAKEWOOD CO 80215  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**33-0697637**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

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 \_\_\_\_\_ 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  
 After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<b>S</b> <b>LEVY, RALPH Z</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>1919 CHARLOTTE AVE</b>	
CITY-ST-ZIP	<b>NASHVILLE TN 37203</b>	
TITLE NAME	<b>PD</b> <b>BOOTH, JAMES H</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3951 SW 30TH AVENUE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33312</b>	
TITLE NAME	<b>AS</b> <b>MEYER, LYNN N</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1185 OAK STREET</b>	
CITY-ST-ZIP	<b>LAKEWOOD CO 80215</b>	
TITLE NAME	<b>CMOV</b> <b>LYNCH, MICHAEL M.D.</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3951 SW 30TH AVE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33312</b>	
TITLE NAME	<b>VPAT</b> <b>SIMPSON, GEOFF</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>10810 W COLLINS AVE</b>	
CITY-ST-ZIP	<b>LAKEWOOD CO 80215-4439</b>	
TITLE NAME	<b>TD</b> <b>SMITH, KEVIN M</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>10810 W COLLINS AVE</b>	
CITY-ST-ZIP	<b>LAKEWOOD CO 80215-4439</b>	

TITLE NAME	<b>S</b> <b>Bruce R. Winsor</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>10810 W. Collins Avenue</b>	
CITY-ST-ZIP	<b>Lakewood, CO 80215-4439</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>10810 W. Collins Avenue</b>	
CITY-ST-ZIP	<b>Lakewood, CO 80215-4439</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 Meyer* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Lynn N. Meyer**

**04-19-2002** **303-232-6800**  
Date Daytime Phone #

CR2E034 (9/01)