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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

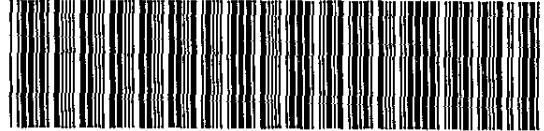
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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CS 1/15/03
11/15/03



January 6, 2003

Florida Dept. of State
Division of Corporation
Tallahassee, FL 32314

Gambro, Inc.
Legal Department
10810 West Collins Avenue
Lakewood, Colorado 80215-4439
USA

Anna.Norcia@us.gambro.com
Tel: (303) 232-6800
Direct Tel: (303) 239-2318
Fax: (303) 205-2519

Subject: Application By Foreign Corporation For Withdrawal of Authority to Transact Business
or Conduct Affairs in Florida

Dear Secretary of State:

Enclosed for filing is the above referenced Application on behalf of Dialysis Holdings Laboratory Services, Inc.
Also enclosed is our check in the amount of \$35.00.

Please return the stamped filed Applications to my attention in the enclosed self-addressed stamped envelope.

If you have any questions, please call me at (303) 239-2318.

Very truly yours,

A handwritten signature in cursive script that reads 'Anna Norcia'.

Anna Norcia
Sr. Corporate Paralegal

/an
Encls.

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL
OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS
IN FLORIDA**

DIALYSIS HOLDINGS LABORATORY SERVICES, INC.
(Name of Corporation)

NEVADA
(Incorporated Under Laws Of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

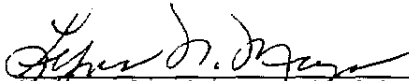
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

10810 W. Collins Ave.
(Mailing Address)

Lakewood, CO 80215
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.


Assistant Secretary
Signature of the chairman or vice chairman of the board, president, or any officer, or if the corporation is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary. Title

Lynn N. Meyer 12/23/02
Typed or printed name Date

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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE