

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

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90043 011 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **F97000000490**

1. Corporation Name
GAMBRO HEALTHCARE NEPHROLOGY PARTNERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1850 GATEWAY DR #500
 SAN MATEO CA 94404**

Mailing Address
**1185 OAK ST
 LAKEWOOD CO 80215**

3. Date Incorporated or Qualified
01/29/1997

4. FEI Number
94-3259141

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

21 [] 2a. Mailing Address

22 [] Suite, Apt. #, etc.

23 [] City & State

24 [] Zip

25 [] Country

26 []

27 [] Suite, Apt. #, etc.

28 [] City & State

29 [] Zip

30 [] Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	LEVY, RALPH Z JR	
STREET ADDRESS	1919 CHARLOTTE AVE	
CITY-ST-ZIP	NASHVILLE TN 37203	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WINSOR, BRUCE	
STREET ADDRESS	1185 OAK ST	
CITY-ST-ZIP	LAKEWOOD CO 80215	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lynn N. Meyer	
1.3 STREET ADDRESS	1185 Oak Street	
1.4 CITY-ST-ZIP	Lakewood, CO 80215	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

Date **4/26/99** Daytime Phone # **(303) 205-2542**

CR2E034 (11/98)

545443-90043-11

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GAMBRO HEALTHCARE NEPHROLOGY PARTNERS, INC.

Officers

<i>Officer Names</i>	<i>Office Held</i>	<i>Business Address</i>	<i>Home Address</i>
Juan Bosch	Chief Medical Officer/ Vice President	2150 Pennsylvania Ave., NW Washington, DC 20037	22195 Westcliff Mission Viejo, CA 92692
Ralph Z. Levy, Jr.	President	5200 Maryland Way, Suite 300 Brentwood, TN 37027	2052 Timberwood Drive Nashville TN 37215
Kevin M. Smith	Vice President/Treasurer	225 Union Blvd., Suite 600 Lakewood, CO 80228	21445 E. Briarwood Dr. Aurora, CO 80016
Daniel B. Brown	Vice President/Secretary	5200 Maryland Way, Suite 300 Brentwood, TN 37027	240 Andover Way Nashville, TN 37221
Lee Luckenbill	Vice President	8426 W. Bryn Mawr Suite 888 Chicago, IL 60631	6200 North Berkeley Blvd. White Fish Bay, WI 53217
Bruce Winsor	Assistant Secretary	14401 W. 65 th Way Arvada, CO 80004	2646 Birch Street Denver, CO 80207
Lynn N. Meyer	Assistant Secretary	1185 Oak Street Lakewood, CO 80215	10487 E. Ida Avenue Englewood, CO 80111
James Mathis	Assistant Secretary	5200 Maryland Way, Suite 300 Brentwood, TN 37027	1504 Franklin Avenue Nashville, TN 87206
Gregg Sonnen	Assistant Treasurer	1919 Charlotte Avenue Nashville, TN 37203	129 Brighton Close Nashville, TN 37205
Simon Castellanos	Assistant Treasurer	225 Union Blvd., Suite 600 Lakewood, CO 80228	178 Holman Way Golden, CO 80401

Board of Directors

<i>Director Name</i>	<i>Business Address</i>	<i>Home Address</i>
Ralph Z. Levy, Jr.	5200 Maryland Way, Suite 300 Brentwood, TN 37027	2052 Timberwood Drive Nashville TN 37215
Gregg Sonnen	1919 Charlotte Avenue Nashville, TN 37203	129 Brighton Close Nashville, TN 37205
Mats Wahlstrom	225 Union Blvd., Suite 600 Lakewood, CO 80228	2615 Oak Drive, Unit 16 Lakewood, CO 80215