

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

05-11-1999 90043 011 ***150.00

DOCUMENT # F97000000490

1. Corporation Name

GAMBRO HEALTHCARE NEPHROLOGY PARTNERS, INC.

Principal Place of Business

**1850 GATEWAY DR #500
SAN MATEO CA 94404**

Mailing Address

**1185 OAK ST
LAKEWOOD CO 80215**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1997

4. FEI Number

94-3259141

Applied For

Not Applicable

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

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** ☐ DELETE
NAME **LEVY, RALPH Z JR**
STREET ADDRESS **1919 CHARLOTTE AVE**
CITY-ST-ZIP **NASHVILLE TN 37203**

TITLE **AS** ☐ DELETE
NAME **WINSOR, BRUCE**
STREET ADDRESS **1185 OAK ST**
CITY-ST-ZIP **LAKEWOOD CO 80215**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **AS** ☐ Change ☒ Addition
1.2 NAME **Lynn N. Meyer**
1.3 STREET ADDRESS **1185 Oak Street**
1.4 CITY-ST-ZIP **Lakewood, CO 80215** ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

4/26/99

(303) 205-2542

Date

Daytime Phone #

CR2E034 (11/98)

545443-90043-11

F97000000490

GAMBRO HEALTHCARE NEPHROLOGY PARTNERS, INC.**Officers**

<u>Officer Names</u>	<u>Office Held</u>	<u>Business Address</u>	<u>Home Address</u>
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

<u>Director Name</u>	<u>Business Address</u>	<u>Home Address</u>
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