## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

IGNATURE AND TYPED OR PRINTE

## Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **F9700000490** GAMBRO HEALTHCARE NEPHROLOGY PARTNERS, INC. 04-30-2001 90374 033 \*\*\*150.00 Principal Place of Business Mailing Address 850 GATEWAY DR #500 10810 W COLLINS AVE SAN MATEO CA 94404 ATTN: LEGAL DEPT LAKEWOOD CO 80215 2. Principal Place of Business 3. Mailing Address 10810 W. Collins Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 94-3259141 <u>Lakewood, Colorado</u> Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 80215-4439 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLS ☐ Delete TITLE VSD Addition LEVY, RALPH Z JR NAME Ralph Z. Levy, Jr. STREET ADDRESS 1919 CHARLOTTE AVE STREET ADORESS 1919 Charlotte Avenue CITY-SI-ZIP NASHVILLE TN 37203 CiTY-ST-ZIP Nashville, TN 37203 Delete THILE TITLE WINSOR, BRUCE NAME Larry C. Buckelew 1185 OAK ST STREET ADDRESS STREET ADDRESS 10810 W. Collins Avenue CITY-ST-ZIP LAKEWOOD CO 80215 CHY-ST-ZIP Lakewood, CO 80215-4439 Delete TITLE Addition MEYER, LYNN N NAME 18 1185 OAK STREET STREET ADDRESS STREET ADDRESS 2. 4 10810 W. Collins Avenue SECTION . CITY ST-ZIP LAKEWOOD CO 80215 CITY-ST-ZIP TITLE Addition ☐ Delete TITLE VAT NAME MAME Geoff Simpson STREET ADDRESS STREET ADDRESS 10810 W. Collins Avenue CITY-ST-ZIP CITY-ST-ZIP Lakewood, CO 80215-4439 TITLE ☐ Delete TD TITLE **★** Addition NAME NAME Kevin M. Smith STREET ADDRESS STREET ADDRESS 10810 W. Collins Avenue CITY-ST-ZIP CITY-ST-7(P Lakewood, CO 80215-4439 THUE ☐ Delete 1016 ATD ☐ Change Acdition NAME NAME Gregg Sonnen STREET ADDRESS STREET ADDRESS 1919 Charlotte Avenue 13. Thereby 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.

Lynn N. Meyer, Assistant Secretary

FILED

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