

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90374 033 ***150.00

DOCUMENT # **F97000000490**

1. Entity Name
GAMBRO HEALTHCARE NEPHROLOGY PARTNERS, INC.

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

Mailing Address
10810 W COLLINS AVE
ATTN: LEGAL DEPT
LAKEWOOD CO 80215
US

2. Principal Place of Business
10810 W Collins Avenue

Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Lakewood, Colorado

City & State

4. FEI Number **94-3259141**

Applied For
 Not Applicable

Zip Country
80215-4439 US

Zip Country

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2001 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 STREET ADDRESS CITY - ST - ZIP	P LEVY, RALPH Z JR 1919 CHARLOTTE AVE NASHVILLE TN 37203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS WINSOR, BRUCE 1185 OAK ST LAKEWOOD CO 80215	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS MEYER, LYNN N 1185 OAK STREET LAKEWOOD CO 80215	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD Ralph Z. Levy, Jr. 1919 Charlotte Avenue Nashville, TN 37203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Larry C. Buckelew 10810 W. Collins Avenue Lakewood, CO 80215-4439	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAT Geoff Simpson 10810 W. Collins Avenue Lakewood, CO 80215-4439	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Kevin M. Smith 10810 W. Collins Avenue Lakewood, CO 80215-4439	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ATD Gregg Sonnen 1919 Charlotte Avenue Nashville, TN 37203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

4/17/2001

303-232-6800

Date Daytime Phone #

Lynn N. Meyer, Assistant Secretary

CR2E034 (10/00)