

F970000000490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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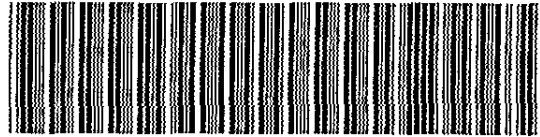
(Business Entity Name)

(Document Number)

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03 APR 23 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

withdrawal

T BROWN APR 28 2003

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GAMBRO HEALTHCARE NEPHROLOGY PARTNERS, INC.  
(Name of corporation)

**DOCUMENT NUMBER:** F97000000490

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this  
matter to the following:

Anna Norcia

(Name of Person)

Gambro, Inc.

(Firm/Company)

10810 W. Collins Ave.

(Address)

Lakewood, CO 80215

(City/State and Zip code)

For further information concerning this matter, please call:

Anna Norcia

(Name of Person)

at ( 303 ) 239-2318

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL. 32399

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

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

GAMBRO HEALTHCARE NEPHROLOGY PARTNERS, INC.

(Name of Corporation)

NEVADA

(Incorporated Under Laws Of)

**FILED**  
03 APR 23 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Typed or printed name

April 18, 2003

Date