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FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001046 (8)

1. Corporation Name

GAMBRO HEALTHCARE, INC.

Principal Place of Business

1185 OAK STREET
LAKEWOOD CO 80215

Mailing Address

1185 OAK STREET
LAKEWOOD CO 80215

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/25/1997

4. FEI Number

84-1359264

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 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 PD ☐ DELETE

NAME WAHLSTROM, MATS

STREET ADDRESS 1185 OAK STREET

CITY-ST-ZIP LAKEWOOD CO

TITLE VTAS ☒ DELETE

NAME LAWSON, HERBERT S

STREET ADDRESS 1185 OAK STREET

CITY-ST-ZIP LAKEWOOD CO

TITLE VSD ☐ DELETE

NAME LEVY JR, RALPH Z

STREET ADDRESS 6820 CHARLOTTE PIKE, #200

CITY-ST-ZIP NASHVILLE TN

TITLE VD ☐ DELETE

NAME CENTELLA, LAWRENCE J

STREET ADDRESS 8420 W BRYN MAWR, #880

CITY-ST-ZIP CHICAGO IL

TITLE V ☐ DELETE

NAME CHAPPELL, JOHN

STREET ADDRESS 1185 OAK STREET

CITY-ST-ZIP LAKEWOOD CO

TITLE V ☒ DELETE

NAME DANVERS, NANCY

STREET ADDRESS 1185 OAK STREET

CITY-ST-ZIP LAKEWOOD CO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Assistant Secretary ☐ Change ☒ Addition

1.2 NAME Bruce Winsor

1.3 STREET ADDRESS 1185 Oak Street

1.4 CITY-ST-ZIP Lakewood, CO 80215

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Secretary ☒ 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.

SIGNATURE

Asst. Secretary

4/22/98

(303) 231-4091

CR2E034 (10/97)