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

DOCUMENT # **F97000001046**

GAMBRO HEALTHCARE, INC.

Principal Place of Business 1185 OAK STREET LAKEWOOD CO 80215 Mailing Address

1185 OAK STREET LAKEWOOD CO 80215

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

05-11-1999 90043 012 ***150.00



DO NOT WRITE IN THIS SPACE

					Date Incorporated or Qualifed					
					02/25/1997					
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	4. FEI Number				
21		26			84-1359264		No	t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		,	Additional		
22		27			or definidate of challes Bestive		Fee Re	quired		
City & State	City & State	State		6. Election Campaign Financing		\$5.00				
23		28			Trust Fund Contribution		Added t	o Fees		
Zíp	——————————————————————————————————————			untry 8. This corporation owes the current year Intangible						
24 25 29 3			<u> </u>		Personal Property Tax.					
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
O T CORPORATION CYCTTM				Name						
C T CORPORATION SYSTEM				Street	Address (P.O. Box Number is Not Accepta	ble)				
1200 SOUTH PINE ISLAND ROAD										
PLANTATION FL 33324			83	ŧ						
			84	City		[8	5 Zip	Code		
						FL [
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				nt signature	required when reinstating)	DATE	TOFOTO	DC IN 42		
12.	OFFICERS AND	OFFICERS AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFF		1 Change	Addition		
TITLE	PD	☐ DELETE	1.1 TITLE		AS	L	Juliange	T vagison		
NAME	WAHLSTROM, MATS		1.2 NAME		Lynn N, Meyer					
STREET ADDRESS	1185 OAK STREET		1.3 STREE	TADDRESS	1105 Our Derece					
CITY-ST-ZIP	LAKEWOOD CO			T-ZIP	Lakewood, CO 8021	L5	101	- Addition		
TITLE	AS	☐ DELETE	2.1 TITLE			_] Change	☐ Addition		
NAME	WINSOR, BRUCE		2.2 NAME		,					
STREET ADDRESS	1185 OAK ST		2.3 STREE	TADDRESS	Į.					
CITY-ST-ZIP	DINETIOOD OO TOTEO		2. 4 CITY-	ST-ZIP						
TITLE	S	☐ DELETE 3.1 T] Change	☐ Addition		
NAME	LEVY JR, RALPH Z		3.2 NAME							
STREET ADDRESS	STREET ADDRESS 6820 CHARLOTTE PIKE, #200		3.3 STREET ADDRESS							
CITY-ST-ZIP	NASHVILLE TN		3.4. CfTY-ST-ZIP							
TITLE	VD ✓ OELETE 4.1		4.1 TITLE			Ε.] Change	Addition		
NAME	CENTELLA, LAWRENCE J 4.2		4. 2 NAME							
STREET ADDRESS	8420 W BRYN MAWR, #880 4.3		4.3 STREE	TADORESS				- 1		
CITY-ST-ZIP			4.4 CITY-S	T- ZIP						
TITLE	V	DELETE 5.1 Π] Change	☐ Addition		
NAME	CHAPPELL, JUHN		5.2 NAME							
STREET ADDRESS	1105 UAR SINCE		5.3 STREE	TADDRESS						
CITY-ST-ZIP	LAKEWOOD CO 540		5.4 CITY-5	T-ZIP						
TITLE		☐ DELETE	6.1 TITLE] Change	☐ Addition		
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	TADDRESS						
CITY-ST-ZIP			6.4 CITY-5	T-ZIP						

4. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MEYER

4/26/99

(303) 205-2542 Daytime Phone #

RZE034 (11/98)

GAMBRO HEALTHCARE, INC.

545444-90043-12

Officers

F9700001046

<u>NAME</u>

Mats Wahlström President

Kevin M. Smith Senior Vice President and Treasurer

Ralph Z. Levy, Jr. Senior Vice President and Secretary

William J. Valle Senior Vice President

Gregg Sonnen
Vice President and Asst. Treasurer

John Chappell Vice President

Ravi Kalathil Vice President

Mary Nick Vice President

Nancy Walla Vice President

Steve Bander Vice President and Chief Medical Officer

Simon Castellanos Assistant Treasurer

Lynn N. Meyer Assistant Secretary

Daniel B. Brown Vice President and Assistant Secretary

Bruce Winsor Assistant Secretary **BUSINESS ADDRESS**

1185 Oak Street Lakewood, CO 80215

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5200 Maryland Way, #300 Brentwood, TN 37027

1919 Charlotte Avenue Nashville, TN 37203

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1185 Oak Street Lakewood, CO 80215

317 Debaliviere Avenue Debaliviere Place Center St. Louis, MO 63112

1185 Oak Street Lakewood, CO 80215

1185 Oak Street Lakewood, CO 80215

5200 Maryland Way, #300 Brentwood, TN 37027

1185 Oak Street Lakewood, CO 80215

GAMBRO HEALTHCARE, INC.

545444-90043-12 F97000001046

Directors

NAME BUSINESS ADDRESS

Ugo Grondelli Via Aldo Moro 1/A

43035 FELINO (PR)

Italy

Dr. Juha Kokko Emory University Hospital

Department of Medicine

H153

1364 Clifton Road Atlanta, GA 30322

Mikael Lilius Hamngatan 2

Box 7373

SE-108 91 Stockholm

Sören Mellstig Hamngatan 2

Box 7373

SE-108 91 Stockholm

Mats Wahlström 1185 Oak Street

Lakewood, CO 80215

Kevin M. Smith 1185 Oak Street

Lakewood, CO 80215