

# UNIFORM BUSINESS REPORT (UBR)

2/2

DOCUMENT # F98000004274

1. Entity Name

FRESENIUS MEDICAL CARE LATIN AMERICA, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90060 042 \*\*\*150.00

Principal Place of Business

Mailing Address

2700 SOUTH COMMERCE PARKWAY  
SUITE 105, WESTON CORPORATE CENTER  
WESTON FL 33331

2700 SOUTH COMMERCE PARKWAY  
SUITE 105, WESTON CORPORATE CENTER  
WESTON FL 33331-3628

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**APPLIED FOR**  
**65-0866598**

Applied For

Not Applicable

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☒ *blank*

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	C	<input checked="" type="checkbox"/> Delete
NAME	ULRICH SUTTER, HANS	
STREET ADDRESS	KELKHEIMER STR. 23A	
CITY-ST-ZIP	65812 BAD SODEN GERMANY	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PAJMAN, HARALD	
STREET ADDRESS	LUTHERISCHE KIRCHGASSE 12	
CITY-ST-ZIP	69189.SCHRIESHEIM GERMANY	
TITLE	V	<input type="checkbox"/> Delete
NAME	KUNZE, JUERGEN	
STREET ADDRESS	ELSE-KROENE - STRASSE 1	
CITY-ST-ZIP	61352 BAD HOMBURG, GERMANY	
TITLE	V	<input type="checkbox"/> Delete
NAME	KARCH, ARMIN	
STREET ADDRESS	ELSE-KROENE - STRASSE 1	
CITY-ST-ZIP	61352 BAD HOMBURG, GERMANY	
TITLE	S	<input type="checkbox"/> Delete
NAME	LUTRINGER, RICHARD E ESQ.	
STREET ADDRESS	101 COMPO RD. SOUTH	
CITY-ST-ZIP	WESTPORT CT 06880	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dr. Werner Brandt	
STREET ADDRESS	Else Kroener Strasse 1	
CITY-ST-ZIP	61352 Bad Homburg, Germany	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Signature of Richard E. Lutringer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/2000 (954)384-5441

CR2E034 (9/99)