

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004274

1. Entity Name

FRESENIUS MEDICAL CARE LATIN AMERICA, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90045 017 ***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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0866598

Applied For

Not Applicable

Zip

Country

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

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) ☐

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 C ☒ Delete
NAME BRANDT, WERNER DR
STREET ADDRESS ELSE KROENER STRASSE
CITY-ST-ZIP BAD HOMBURG GE 61352

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME PAIMANN, HARALD
STREET ADDRESS LUTHERISCHE KIRCHGASSE 12
CITY-ST-ZIP 69189 SCHRIESHEIM GERMANY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME KUNZE, JUERGEN
STREET ADDRESS ELSE-KROENE - STRASSE 1
CITY-ST-ZIP 61352 BAD HOMBURG, GERMANY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME KARCH, ARMIN
STREET ADDRESS ELSE-KROENE - STRASSE 1
CITY-ST-ZIP 61352 BAD HOMBURG, GERMANY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME LUTRINGER, RICHARD E ESQ.
STREET ADDRESS 101 COMPO RD. SOUTH
CITY-ST-ZIP WESTPORT CT 06880

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 5, 2001

Date

(954) 384 5441

Daytime Phone #

CR2E034 (10/00)