

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F98000004274**

1. Entity Name

**FRESENIUS MEDICAL CARE LATIN AMERICA, INC.**

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0866598**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2002 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

TITLE NAME	<b>PD PAIMANN, HARALD</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>LUTHERISCHE KIRCHGASSE 12</b>
CITY-ST-ZIP	<b>69189 SCHRIESHEIM GERMANY</b>
TITLE NAME	<b>V KUNZE, JUERGEN</b> <input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>ELSE-KROENE - STRASSE 1</b>
CITY-ST-ZIP	<b>61352 BAD HOMBURG, GERMANY.</b>
TITLE NAME	<b>S LUTRINGER, RICHARD E ESQ.</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>101 COMPO RD. SOUTH</b>
CITY-ST-ZIP	<b>WESTPORT CT 06880</b>
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

**Feb 6, 2002 (954) 284 5441**

Date

Daytime Phone #

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90040 007 \*\*\*150.00

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CR2E034 (9/01)