

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F99000004437

1. Entity Name
FRESENIUS MEDICAL CARE PHARMACY SERVICES,
INC.



Principal Place of Business
95 HAYDEN AVENUE
LEXINGTON, MA 02420

Mailing Address
ATTN: TAX DEPT., 95 HAYDEN AVENUE
LEXINGTON, MA 02420

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -6 AM 9:20



03232006 No Chg-P CR2E034 (11/05)

152.00

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3480138	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAHLSTROM, MATS 95 HAYDEN AVENUE LEXINGTON, MA 02420
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC KUERBITZ, RONALD 95 HAYDEN AVENUE LEXINGTON, MA 02420
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP UPDYKE, DAVID 95 HAYDEN AVENUE LEXINGTON, MA 02420
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LIEBERMAN, MARC 95 HAYDEN AVENUE LEXINGTON, MA 02420
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT COLANTONIO, PAUL 95 HAYDEN AVENUE LEXINGTON, MA 02420
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FAWCETT, MARK 95 HAYDEN AVENUE LEXINGTON, MA 02420
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul J. Colantonio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul J. Colantonio

Assistant Treasurer 3/23/06

Date

Daytime Phone #

4/6/06

FRESENIUS MEDICAL CARE PHARMACY SERVICES, INC.

FEIN 04-3480138

**LIST OF OFFICERS AND DIRECTORS
EFFECTIVE 10/14/05**

DIRECTORS	OFFICE	BUSINESS
MATS WAHLSTROM	DIRECTOR	95 HAYDEN AVENUE LEXINGTON, MA 02420
OFFICERS	OFFICE	BUSINESS
WILLIAM NUMBERS	PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
RONALD J. KUERBITZ	EXEC. VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
DAVID UPDYKE	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02420
MARK FAWCETT	TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
PAUL J. COLANTONIO	ASSISTANT TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
MARC S. LIEBERMAN	ASSISTANT TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02420
DOUGLAS G. KOTT	SECRETARY	95 HAYDEN AVENUE LEXINGTON, MA 02420