

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 APR 25 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business - No P.O. Box #  
920 Winter Street

3. Mailing Address  
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Waltham, MA

City & State

Zip  
02451

Country

Zip

Country

03302007 Chg-P CR2E034 (12/06)

4. FEI Number  
04-3480138

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. 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, 2007 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	D WAHLSTROM, MATS	<input type="checkbox"/> Delete
STREET ADDRESS	95 HAYDEN AVENUE	
CITY-ST-ZIP	LEXINGTON, MA 02420	
TITLE NAME	SEC KUERBITZ, RONALD	<input type="checkbox"/> Delete
STREET ADDRESS	95 HAYDEN AVENUE	
CITY-ST-ZIP	LEXINGTON, MA 02420	
TITLE NAME	VP UPDYKE, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	95 HAYDEN AVENUE	
CITY-ST-ZIP	LEXINGTON, MA 02420	
TITLE NAME	AT LIEBERMAN, MARC	<input type="checkbox"/> Delete
STREET ADDRESS	95 HAYDEN AVENUE	
CITY-ST-ZIP	LEXINGTON, MA 02420	
TITLE NAME	AT COLANTONIO, PAUL	<input type="checkbox"/> Delete
STREET ADDRESS	95 HAYDEN AVENUE	
CITY-ST-ZIP	LEXINGTON, MA 02420	
TITLE NAME	T FAWCETT, MARK	<input type="checkbox"/> Delete
STREET ADDRESS	95 HAYDEN AVENUE	
CITY-ST-ZIP	LEXINGTON, MA 02420	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	920 Winter Street
CITY-ST-ZIP	Waltham, MA 02451
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	500101462105
CITY-ST-ZIP	05/04/07-01005-001 **4650.00
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	"
CITY-ST-ZIP	"
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	"
CITY-ST-ZIP	"
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	"
CITY-ST-ZIP	"
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	" B s/g/lon
CITY-ST-ZIP	"

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marc S. Lieberman

Assistant Treasurer

4/19/07 781-699-9000

DATE

Daytime Phone #