

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90241 049 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K52140

1. Corporation Name

COMMUNITY DIALYSIS SUPPLY CORP.

Principal Place of Business

Mailing Address

**1185 OAK ST
LAKEWOOD CO 80215
US**

**1185 OAK ST
LAKEWOOD CO 80215
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1988

4. FEI Number

59-2924118

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	LEVY, RALPH Z JR	
STREET ADDRESS	1919 CHARLOTTE AVE	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WINSOR, BRUCE	
STREET ADDRESS	1185 OAK ST	
CITY-ST-ZIP	LAKEWOOD OH	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BROWN, DANIEL B	
STREET ADDRESS	1919 CHARLOTTE AVE	
CITY-ST-ZIP	NASHVILLE TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lynn N. Meyer	
1.3 STREET ADDRESS	1185 Oak Street	
1.4 CITY-ST-ZIP	Lakewood, CO 80215	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lynn N. Meyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynn N. Meyer

4/26/99

(303) 205-2542

Date

Daytime Phone #

CR2E034 (11/98)

251881-90241-49
K5214D

Community Dialysis Supply Corporation

Officers

<u>Officer Names</u>	<u>Office Held</u>	<u>Business Address</u>
Mats Wahlström	President	1185 Oak Street Lakewood, CO 80215
Ralph Z. Levy, Jr.	Vice President and Secretary	5200 Maryland Way Brentwood, TN 37027
Kevin M. Smith	Vice President and Treasurer	1185 Oak Street Lakewood, CO 80215
Daniel B. Brown	Vice President and Assistant Secretary	5200 Maryland Way Brentwood, TN 37027
Bruce Winsor	Assistant Secretary	1185 Oak Street Lakewood, CO 80215
Lynn N. Meyer	Assistant Secretary	1185 Oak Street Lakewood, CO 80215
Gregg Sonnen	Assistant Treasurer	1185 Oak Street Lakewood, CO 80215
Simon Castellanos	Assistant Treasurer	1185 Oak Street Lakewood, CO 80215

Board of Directors

<u>Director Name</u>	<u>Business Address</u>
Mats Wahlstrom	1185 Oak Street Lakewood, CO 80215
Ralph Z. Levy, Jr.	5200 Maryland Way Brentwood, TN 37027
Gregg Sonnen	1185 Oak Street Lakewood, CO 80215

As of 7/15/98