SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 24 1996 8:00 am
Secretary of State

DOCUMENT # K98226 (9)

1. Corporation Name

GAMBRO HEALTHCARE LABORATORY SERVICES, INC.

Principal Place of Business	Mailing Address
6820 CHARLOTTE PIKE NASHVILLE TN 37209-4234 US	6820 CHARLOTTE PIKE NASHVILLE TN 37209-4234 US

3. Date Incorporated or Qualified: 06/27/1989
3a. Date of Last Report: 02/21/1995
4. FEI Number: 65-0127483 — Applied For / Not Applicable

2. Principal Place of Business
21 5361 N.W. 33rd Avenue
22 Suite, Apt #, etc
23 City & State: Ft. Lauderdale, FL
24 Zip: 33309
25 Country: USA

2a. Mailing Address
26
27 Suite, Apt #, etc
28 City & State
29 Zip
30 Country

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 has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	CENTELLA, LAWRENCE J	6820 CHARLOTTE PIKE	NASHVILLE TN	☐
DS	LEVY, RALPH Z. JR.	6820 CHARLOTTE PIKE	NASHVILLE TN	[X]
DT	WEAR, BRADLEY S.	6820 CAHRLOTTE PIKE	NASHVILLE TN	XX
V	HARRISON, MILTON S	6820 CHARLOTTE PIKE	NASHVILLE TN	XX
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

#	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1	D/V/T	Herbert S. Lawson	1185 Oak Street	Lakewood, CO 80215	☐	XX
2	AS	Nancy A. Walla	1185 Oak Street	Lakewood, CO 80215	☐	XX
3	VP	Brian A. Walters	5361 N.W. 33rd Avenue	Ft. Lauderdale, FL 33309	☐	XX
4	D/S/V	Ralph Z. Levy, Jr.	6820 Charlotte Pike	Nashville, TN 37209	[X]	☐
5					☐	☐
6					☐	☐

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy A. Walla, Asst. Sec. 7/17/96 (303) 205-2548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #