FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **K98226** **(9)**

1. Corporation Name
GAMBRO HEALTHCARE LABORATORY SERVICES, INC.

Principal Place of Business
5361 NW 33RD AVENUE
FORT LAUDERDALE FL 3309
US

Mailing Address
6820 CHARLOTTE PIKE
NASHVILLE TN 37209-4206
US

3. Date Incorporated or Qualified	3a. Date of Last Report
06/27/1989	07/24/1996

4. FEI Number: 65-0127483 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 1185 Oak Street
Suite, Apt. #, etc.
27 ATTN: Legal Department
City & State
28 Lakewood, CO
Zip 29 80215 Country 30 USA

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 and am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	CENTELLA, LAWRENCE J		1.2 NAME	
STREET ADDRESS	6820 CHARLOTTE PIKE		1.3 STREET ADDRESS	8420 W. Bryn Mawr, #880
CITY-ST-ZIP	NASHVILLE TN		1.4 CITY-ST-ZIP	Chicago, IL 60631
TITLE	VP	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	WALKERS, BRIAN A		2.2 NAME	Brian A. Walters
STREET ADDRESS	5361 NW 33RD AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL		2.4 CITY-ST-ZIP	
TITLE	DSV	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	LEVY, JR. RALPH		3.2 NAME	
STREET ADDRESS	6820 CHARLOTTE PIKE		3.3 STREET ADDRESS	1919 Charlotte Avenue
CITY-ST-ZIP	NASHVILLE TN		3.4 CITY-ST-ZIP	Nashville, TN 37203
TITLE		☐ DELETE	4.1 TITLE	Director, VP, Treasurer ☐ Change ☒ Addition
NAME			4.2 NAME	Herbert S. Lawson
STREET ADDRESS			4.3 STREET ADDRESS	1185 Oak Street
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Lakewood, CO 80215
TITLE		☐ DELETE	5.1 TITLE	Assistant Secretary ☐ Change ☒ Addition
NAME			5.2 NAME	Nancy A. Walla
STREET ADDRESS			5.3 STREET ADDRESS	1185 Oak Street
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Lakewood, CO 80215
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 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.

SIGNATURE: [signature] Nancy A. Walla 11 March 1997 (303) 205-2588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0476964