

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 1185 OAK STREET ATTN: LEGAL DEPARTMENT LAKEWOOD CO 80215 US
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/27/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0127483	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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

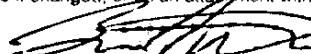
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	☐ DELETE		1.1 TITLE	Assistant Secretary	☐ Change ☒ Addition	
NAME	CENTELLA, LAWRENCE J			1.2 NAME	Bruce Winsor		
STREET ADDRESS	8420 W BRYN MAWR, #880			1.3 STREET ADDRESS	1185 Oak Street		
CITY-ST-ZIP	CHICAGO IL			1.4 CITY-ST-ZIP	Lakewood, CO 80215		
TITLE	VP	☐ DELETE		2.1 TITLE		☐ Change ☐ Addition	
NAME	WALTERS, BRIAN A.			2.2 NAME			
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	1919 CHARLOTTE AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	NASHVILLE TN			3.4 CITY-ST-ZIP			
TITLE	DVPT	☒ DELETE		4.1 TITLE		☐ Change ☐ Addition	
NAME	LAWSON, HERBERT S.			4.2 NAME			
STREET ADDRESS	1185 OAK STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	LAKEWOOD CO			4.4 CITY-ST-ZIP			
TITLE	AS	☐ DELETE		5.1 TITLE	Vice President	☒ Change ☐ Addition	
NAME	WALLA, NANCY A.			5.2 NAME			
STREET ADDRESS	1185 OAK STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	LAKEWOOD CO			5.4 CITY-ST-ZIP			
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			

14. I 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:  Bruce Winsor, Asst. Secretary, 4/22/98 (303) 231-4091

CR2E034 (10/97)