

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 8:00 am**
Secretary of State

04-30-2001 90331 028 ***150.00

0570628

DOCUMENT # K98226

1. Entity Name

GAMBRO HEALTHCARE LABORATORY SERVICES, INC.

Principal Place of Business

**5361 NW 33RD AVENUE
FORT LAUDERDALE FL 3309
US**

Mailing Address

**10810 W. COLLINS AVE.
ATTN: LEGAL DEPARTMENT
LAKEWOOD CO 80215
US**

2. Principal Place of Business

3951 S. W. 30th Avenue
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

City & State

Zip

33312

Country

US

Country

4. FEI Number

65-0127483

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALTERS, BRIAN A. 5361 NW 33RD AVENUE FORT LAUDERDALE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV LEVY, JR. RALPH 1919 CHARLOTTE AVENUE NASHVILLE TN	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WINSOR, B 1185 OAK ST LAKEWOOD CO 80215	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALLA, NANCY A. 1185 OAK STREET LAKEWOOD CO	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MEYER, LYNN N 1185 OAK STREET LAKEWOOD CO 80215	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD James H. Booth 3951 SW 30th Avenue Fort Lauderdale, FL 33312	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	v/CMO Michael Lynch, MD 3951 SW 30th Avenue Fort Lauderdale, FL 33312	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT Geoff Simpson 10810 W. Collins Avenue Lakewood, Colorado 80215-4439	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Kevin M. Smith 10810 W. Collins Avenue Lakewood, CO 80215-4439	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Lynn N. Meyer 10810 W. Collins Avenue Lakewood, CO 80215	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Larry C. Buckelew 10810 W. Collins Avenue Lakewood, CO 80215-4439	☐ Change ☒ Addition

13. 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 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 11 or Block 12 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

Lynn N. Meyer, Assistant Secretary

4/17/2001

Date

303-232-6800

Daytime Phone #

CR2E034 (10/00)