

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90052 031 ***150.00

DOCUMENT # K98226

1. Entity Name

GAMBRO HEALTHCARE LABORATORY SERVICES, INC.

Principal Place of Business

**3951 SW 30TH AVE
 FORT LAUDERDALE FL 33312
 US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

7. Name and Address of New Registered Agent

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **BOOTH, JAMES H**
 STREET ADDRESS **3951 SW 30TH AVE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **DSV** ☒ Delete
 NAME **LEVY, JR. RALPH**
 STREET ADDRESS **1919 CHARLOTTE AVENUE**
 CITY-ST-ZIP **NASHVILLE TN**

TITLE **S** ☐ Change ☒ Addition
 NAME **Bruce R. Winsor**
 STREET ADDRESS **10810 W. Collins Avenue**
 CITY-ST-ZIP **Lakewood, Colorado 80215-4439 US**

TITLE **VAT** ☒ Delete
 NAME **SIMPSON, GEOFF**
 STREET ADDRESS **10810 W COLLINS AVE**
 CITY-ST-ZIP **LAKEWOOD CO 80215**

TITLE **TD** ☐ Change ☒ Addition
 NAME **Kevin M. Smith**
 STREET ADDRESS **10810 W. Collins Avenue**
 CITY-ST-ZIP **Lakewood, Colorado 80215-4439 US**

TITLE **VP** ☒ Delete
 NAME **WALLA, NANCY A.**
 STREET ADDRESS **1185 OAK STREET**
 CITY-ST-ZIP **LAKEWOOD CO**

TITLE **VCMO** ☐ Change ☒ Addition
 NAME **Michael Lynch, MD**
 STREET ADDRESS **3951 SW 30th Avenue**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33312**

TITLE **AS** ☐ Delete
 NAME **MEYER, LYNN N**
 STREET ADDRESS **1185 OAK STREET**
 CITY-ST-ZIP **LAKEWOOD CO 80215**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ 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]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-A-2002

303.232.6800

Date

Daytime Phone #

CR2E034 (9/01)