~~FILE~~ NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Mar 19 1997 8:00am
Secretary of State

DOCUMENT # **M72645** (8)

1. Corporation Name
GAMBRO HEALTHCARE OF FLORIDA, INC.

Principal Place of Business
100 W. GORE STREET
SUITE 102
ORLANDO FL 32806
US

Mailing Address
6820 CHARLOTTE PIKE
NASHVILLE TN 37209-4206

3. Date Incorporated or Qualified: 03/18/1988
3a. Date of Last Report: 07/24/1996

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

4. FEI Number: 62-1384806 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

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. 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 date if applicable (NOTE: Registered Agent signature required when resigning) 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	AS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WALLA, NANCY A		2.2 NAME		
STREET ADDRESS	1185 OAK STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKEWOOD CO		2.4 CITY-ST-ZIP		
TITLE	DSV	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	LEVY, JR. RALPH A.		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	V	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HARRISON, MILTON S		4.2 NAME		
STREET ADDRESS	6820 CHARLOTTE PIKE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN		4.4 CITY-ST-ZIP		
TITLE	DVT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LAWSON, HERBERT		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 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: Nancy A. Walla — Nancy A. Walla — 11 March 1997 — (303) 205-2588

CR2E034 (9/96)