2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P13596



KEOOOK	US MEDICAL CARE CARI CES, INC.	DIOVASCULAR							
Principal Place 16818 VIA D SAN DIEGO, (EL CAMPO CT.	Mailing Address 16818 VIA DEL CAMPI SAN DIEGO, CA 9212		<u></u>					
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2. Principal Place of Business 3. Mailin		3. Mailing Address	Mailing Address						
Suite, Apt. #. etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02052004	Chg-P	CR2E0	34 (10/03)	-
City & State	;	City & State			4. FEI Number 25-1228				oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate o	f Status Desired		\$8.75 Ad Fee Require	ditional d
	6. Name and Address of Curren	t Registered Agent	Name		7. Name and A	ddress of New I	Registered /	Agent	
1200 S. Pli	DRATION SYSTEM NE ISLAND ROAD ON, FL 33324	and the second desire the second	Street	Address (I	P.O. Box Number	is Not Acceptable	le)		
			City				FL	Zip Cod	le
	named entity submits this statement ons of registered agent.	for the purpose of changing its	s registered office	or register	ed agent, or both	, in the State of F	lorida. I am	familiar with	and accept
1									
SIGNATURE_	Signature, byped or printed name of registered ager	nt and title if applicable. (NO	TE; Registered Agent sign	atura required	when reinstating)		DATE		
FIL	Sgnature, typed or printed name of registered age NOW!!! FEE IS \$150.00 by 1, 2004 Fee will be \$550	9. Election Campa	aign Financing		00 May Be ed to Fees		DATE		
FIL	Signature, typed or printed name of registered age: NOW!!! FEE IS \$150.00 Ay 1, 2004 Fee will be \$550 OFFICERS ANI	9. Election Campa Trust Fund Cor	aign Financing		.00 May Be ed to Fees	HANGES TO OF	·		S IN 11
FIL After Ma	Signature, typed or printed name of registered age: NOW!!! FEE IS \$150.00 1 1, 2004 Fee will be \$550	9. Election Campa Trust Fund Cor	aign Financing	\$5. Add	00 May Be ed to Fees	CHANGES TO OF	FICERS AND		S IN 11
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After M: 10. TITLE: NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Sgnature, Noted or printed name of registered ager NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550 OFFICERS ANI P ZABETAKIS, PAUL 16818 VIA DEL CAMPO CT SAN DIEGO, CA 92127 VPT GARDNER, CLIFF 16818 VIA DEL CAMPO COUR SAN DIEGO, CA 92127 VP KUERBI9TZ, RONALD J 16818 VIA DEL CAMPO CT	9. Election Campa Trust Fund Cor D DIRECTORS Delete	aign Financing Itribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5. Add	00 May Be ed to Fees		FICERS AND	DIRECTOR Change	Addition
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of the corporation or trustee empowered to execute an order 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BRITAN R

ATTACHMENT

Officers/Directors

Fresenius Medical Care Cardiovascular Resources, Inc. 16818 Via Del Campo Court San Diego, CA 92127 858-485-5599

Incorporated Date:

05-03-1972 Pennsylvania

Incorporated State:

25-1228645

Federal Tax I.D.:

Director	<u>Title</u>	Address
MICHAEL BROSNAN	DIRECTOR	16818 Via Del Campo Ct. San Diego, CA 92127
FT CHONG	DIRECTOR	16818 Via Del Campo Ct. San Diego, CA 92127
RICHARD DRAKE	DIRECTOR	16818 Via Del Campo Ct. San Diego, CA 92127
BEN J. LIPPS	DIRECTOR	16818 Via Del Campo Ct. San Diego, CA 92127
DAVID PINKERTON	DIRECTOR	16818 Via Del Campo Ct. San Diego, CA 92127
RICE POWELL	DIRECTOR	16818 Via Del Campo Ct. San Diego, CA 92127
REGINA MELLO	DIRECTOR	16818 Via Del Campo Ct. San Diego, CA 92127

Officer | **BRIAN WIECK** PAUL ZABETAKIS, M.D. MARK FAWCETT MARC S. LIEBERMAN ALLISON ALLEN

<u>Title</u> **TREASURER PRESIDENT**

ASSISTANT TREASURER ASSISTANT TREASURER **SECRETARY**

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