

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90796 001 \*\*\*750.00

66008306



03232006 Chg-P CR2E034 (11/05)

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # P13596</b><br>1. Entity Name<br><b>FRESENIUS MEDICAL CARE CARDIOVASCULAR RESOURCES, INC.</b>   |  |  |   |   |  |
| Principal Place of Business<br><b>16818 VIA DEL CAMPO CT.<br/>SAN DIEGO, CA 92127</b>  |  |  | Mailing Address<br><b>16818 VIA DEL CAMPO CT.<br/>SAN DIEGO, CA 92127</b>   |   |  |
| 2. Principal Place of Business<br><b>95 Hayden Ave</b>   |  | 3. Mailing Address<br><b>95 Hayden Ave</b> |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                        |   |   |  |
| City & State<br><b>Lexington MA</b>  |  | City & State<br><b>Lexington MA</b>        |   | 4. FEI Number<br><b>25-1228645</b>  |  |
| Zip<br><b>02420-9192</b>   |  | Country<br>                                |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |   |  |
| 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. I am familiar with, and accept the obligations of registered agent.  |  |  |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>ZABETAKIS, PAUL</b><br><b>95 HAYDEN AVENUE</b><br><b>LEXINGTON, MA 02420</b> <input type="checkbox"/> Delete          |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>BROSNAN, MICHAEL</b><br><b>95 HAYDEN AVENUE</b><br><b>LEXINGTON, MA 02420</b> <input type="checkbox"/> Delete         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VP</b><br><b>LIPPS, BEN J</b><br><b>95 HAYDEN AVENUE</b><br><b>LEXINGTON, MA 02420</b> <input checked="" type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S</b><br><b>ALLEN, ALLISON</b><br><b>95 HAYDEN AVENUE</b><br><b>LEXINGTON, MA 02420</b> <input type="checkbox"/> Delete           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>See attached</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |  |   |   |  |
| <b>SIGNATURE:</b>  |  |  | <b>Paul J. Colantonio</b><br><b>Assistant Treasurer</b>   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |  | Date <b>3/23/06</b> Daytime Phone # <b>781-402-9000</b>   |   |  |

# ATTACHMENT

## FRESENIUS MEDICAL CARE CARDIOVASCULAR RESOURCES, INC.

FEIN 25-1228645

LIST OF OFFICERS AND DIRECTORS  
EFFECTIVE 12/12/05

66008382  
#P13596

| DIRECTORS            | OFFICE                   | BUSINESS                                |
|----------------------|--------------------------|---|
| PAUL ZABETAKIS, M.D. | DIRECTOR                 | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |
| RICE POWELL          | DIRECTOR                 | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |
| OFFICERS             | OFFICE                   | BUSINESS                                |
| PAUL ZABETAKIS, M.D. | PRESIDENT                | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |
| MICHAEL BROSANAN     | CHIEF FINANCIAL OFFICER  | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |
| RONALD KUERBITZ      | EXECUTIVE VICE PRESIDENT | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |
| ERIC MAASKE          | VICE PRESIDENT           | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |
| BRIAN WIECK          | VICE PRESIDENT           | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |
| KENT WANZEK          | VICE PRESIDENT           | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |
| LIAM WALSH           | VICE PRESIDENT           | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |
| MARK FAWCETT         | TREASURER                | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |
| MARC S. LIEBERMAN    | ASSISTANT TREASURER      | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |
| PAUL COLANTONIO      | ASSISTANT TREASURER      | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |
| DOUGLAS KOTT         | SECRETARY                | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |
| ALLISTON ALLEN       | ASSISTANT SECRETARY      | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |

CORPORATE HEADQUARTERS  
95 HAYDEN AVENUE  
LEXINGTON, MA 02420-9192

# ATTACHMENT

66008382

PQ Box 1500 Changes in Inc.

Fresenius Medical Care Holdings, Inc.

Fresenius USA Manufacturing, Inc.

Homestead Artificial Kidney Center, Inc.

Fresenius USA Marketing, Inc.

FMC Cardiovascular Resources, Inc.

|              |            |    |                 |    |               |    |                 |
|--------------|------------|----|-----------------|----|---------------|----|-----------------|
| P33676       | 04-3503407 | \$ | 150.00          | \$ | -             | \$ | 150.00          |
| F99000005798 | 04-3475979 | \$ | 150.00          | \$ | -             | \$ | 150.00          |
| G22356       | 59-2263441 | \$ | 150.00          | \$ | -             | \$ | 150.00          |
| F99000006306 | 04-3477762 | \$ | 150.00          | \$ | -             | \$ | 150.00          |
| P13596       | 25-1228645 | \$ | 150.00          | \$ | -             | \$ | 150.00          |
|              |            |    | <b>\$750.00</b> |    | <b>\$0.00</b> |    | <b>\$750.00</b> |

Check Total \$750.00

Check # 206003