2002	2 UNIFORM BUSI	NESS REPOR	RT (UB	R)	FILED May 02, 2002 8:00 a Secretary of State 05-02-2002 90091 027 ***150.00	
DOCU	MENT # P31538	3			Secretary of State	1111 4
1. Entity Namerica					05-02-2002 90091 027 ***150.00	AT.
10810 W COL	te of Business LINS AVENUE XO 80215-4439	Mailing Address 10810 W COLLINS AVE ATTN: LEGAL DEPARTMENT LAKEWOOD CO 80215 US				
	Place of Business	3. Mailing Address				101
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE 4. FEI Number Applied Fo	J
City & Stat		City & State			95-4046814 Not Applica	
Zip	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current Re	egistered Agent	- Name		7. Name and Address of New Registered Agent	
1	ATION SERVICE COMPANY 'S STREET		Street	Address (P	P.O. Box Number is Not Acceptable)	
TALLAHA	SSEE FL 32301-2525					
-			City		FL Zip Code	
8. The above	enamed entity submits this statement for t	he purpose of changing its re	gistered office o	or registere	ed agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed or printed name of registered agent and	l title if applicable. (NOTE: R	legistered Agent signa	iture required v	when reinstating) DATE	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! After May 1, 2002 Make Check Payable	Fee will be \$	550.00	10. Election Campaign Financing \$5.00 May E Trust Fund Contribution. Added to Fees	
11.			12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT SIMPSON, GEROFF 10810 W COLLINS AVENUE LAKEWOOD CO 80215-4439	Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	V	🗹 Change 🗌 Add	CR2E034 (9/01)
TITLE	DVPS	Detete	TITLE	5	Change 🗗 Add	ition B
NAME STREET ADDRESS CITY-ST-ZIP	Levy, Ralph z Jr 1919 Charlotte ave Nashville Tn		NAME STREET ADDRESS CITY-ST-ZIP		Le R. Winsor 10 W. Collins Avenue LWood, Colorado 80215-4439	
TITLE	AS	Delete	TITLE		Change Add	ition
NAME STREET ADDRESS CITY-ST-ZIP	MEYER, LYNN N 10810 W COLLINS AVENUE LAKEWOOD CO 80215	ميسيني ويراري ويتعيد فيني ويراري والب	STREET ADDRESS		ار دارمین از در همه اینان از به برمهای در میان میکنه و رسمینی ا	, * , •
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BUCKELEW, LARRY C 10810 W COLLINS AVENUE LAKEWOOD CO 80215-4439	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		Change Add	ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VATD SONNEN, GREGG 1919 CHARLOTTE AVENUE NASHVILLE TN 37203	🗆 Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1081 Laka	WChange Add 10 W. Collins Avenue. ewort, Colorato 80215-4439	ition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, KEVIN M 10810 W COLLIN AVENUE LAKEWOOD CO 80215-4439	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗌 Change 🗌 Add	ition
indicated of the cor	l on this report or supplemental report is tr	ue and accurate and that my ered to execute this report as	eignatura shall	have the si apter 607,	ction 119.07(3)(i), Florida Statutes. I further certify that the informatio ame legal effect as if made under oath; that I am an officer or direct Florida Statutes; and that my name appears in Block 11 or Block 12	or 2 if
SIGNAT		REQUIRE ATED HAME OF SIGNING OFFICER OR		•	4-5-2002 303.232.6802 Date Daytime Phone #	2

i. Entity Name	538		25Q Mil
AMERICAN OUTPATIENT SERVICI	ES CORPORATION		
Principal Place of Business 10810 W COLLINS AVENUE LAKEWOOD CO 80215-4439 US	Mailing Address 10810 W COLLINS AVE ATTN: LEGAL DEPARTM LAKEWOOD CO 80215 US	AENT C	OPT
Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State		4. FEI Number 95-4046814 Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired
6. Name and Address of Curr	ent Registered Agent		7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET		Street Add	tress (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32301-2525		City	FL Zip Code
Signature, lybed or printed name of registered a	gen and the napplicade. (ne	UTE: Registered Agent signature	required when reinstating) DATE
This corporation is eligible to satisfy its Intang Tax filing requirement and elects to do so. (See criteria on back)	ible FILE NOV After May 1, 2 Make Check Pay	VIII FEE IS \$150.00 2002 Fee will be \$55 able to Department (10. Election Campaign Financing \$5.00 May Be 0.00 Trust Fund Contribution. Added to Fees
This corporation is eligible to satisfy its Intang Tax filing requirement and elects to do so. (See criteria on back)	HILE NOV After May 1, 2 Make Check Pay	VIII FEE IS \$150.00 2002 Fee will be \$55 able to Department (12.	10. Election Campaign Financing \$5.00 May Be 0.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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This corporation is eligible to satisfy its Intang Tax filing requirement and elects to do so. (See criteria on back) UE VAT SIMPSON, GEROFF 10810 W COLLINS AVENUE LEE VAT SIMPSON, GEROFF 10810 W COLLINS AVENUE LAKEWOOD CO 80215-4439 LE DVPS LET ADDRESS 1919 CHARLOTTE AVE Y-ST-ZIP NASHVILLE TN LE AS ME NEYER, LYNN N NEET ADDRESS Y-ST-ZIP LAKEWOOD CO 80215 LE ME ME ME MEYER, LYNN N NEET ADDRESS Y-ST-ZIP LAKEWOOD CO 80215 LE DP BUCKELEW, LARRY C LEE ADDRESS 10810 W COLLINS AVENUE LAKEWOOD CO 80215 LE DP BUCKELEW, LARRY C 10810 W COLLINS AVENUE LAKEWOOD CO 80215-4439 LE VATD </td <td>After May 1, 2 Make Check Pay Make Check Pay Delete</td> <td>VIII: FEE IS \$150.00 CO02 Fee will be \$55 able to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE</td> <td>10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 V Image Addition S Change Change Addition Bruce Collins Addition Change Change Addition Change Addition Change Addition Change Addition Change Addition</td>	After May 1, 2 Make Check Pay Make Check Pay Delete	VIII: FEE IS \$150.00 CO02 Fee will be \$55 able to Department of 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 V Image Addition S Change Change Addition Bruce Collins Addition Change Change Addition Change Addition Change Addition Change Addition Change Addition

Hachment 3



April 17, 2002

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barbara.harkey@us.gambro.com Tel: (303) 232-6800 Direct Tel: (303) 231-4523 Fax: (303) 205-2519

Divisions of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500

Subject: American Outpatient Services Corporation – Document No. P31538

Dear Sir or Madam:

Enclosed for the filing on behalf of the above-referenced company is the 2002 Uniform Business Report form. Our check no. 552593 in the amount of \$150.00 as filing fee is also enclosed.

Upon completion of this filing, please date stamp the enclosed <u>copy of the 2002 Uniform Business</u>. <u>Report form</u> for the referenced company and return to our office in the enclosed prepaid, selfaddressed envelope.

If you have any questions, please contact the undersigned at 1-800-525-2623, extension 4523.

Very truly yours,

pli

Barbara Harkey Executive Secretary Legal Department

Enclosures