

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**  
 05-02-2002 90091 027 \*\*\*150.00

**DOCUMENT # P31538**

1. Entity Name  
**AMERICAN OUTPATIENT SERVICES CORPORATION**

Principal Place of Business  
**10810 W COLLINS AVENUE  
 LAKEWOOD CO 80215-4439  
 US**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**95-4046814**

Applied For

Not Applicable

Zip

Country

Zip

Country

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VAT  
 SIMPSON, GEROFF  
 10810 W COLLINS AVENUE  
 LAKEWOOD CO 80215-4439** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DVPS  
 LEVY, RALPH Z JR  
 1919 CHARLOTTE AVE  
 NASHVILLE TN** ☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**AS  
 MEYER, LYNN N  
 10810 W COLLINS AVENUE  
 LAKEWOOD CO 80215** ☐ Delete

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

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 ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VATD  
 SONNEN, GREGG  
 1919 CHARLOTTE AVENUE  
 NASHVILLE TN 37203** ☐ Delete

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

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 ☐ 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

Date

Daytime Phone #

**4-5-2002**

**303.232.6800**

CR2E034 (9/01)

# 2002 UNIFORM BUSINESS REPORT (UBR)

0613717 AT

DOCUMENT # **P31538**

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LAKEWOOD CO 80215-4439  
US**

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

**COPY**

*358174*

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Suite, Apt. #, etc.

City & State

Zip

Country

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Suite, Apt. #, etc.

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAT SIMPSON, GEROFF 10810 W COLLINS AVENUE LAKEWOOD CO 80215-4439</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVPS LEVY, RALPH Z JR 1919 CHARLOTTE AVE NASHVILLE TN</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS MEYER, LYNN N 10810 W COLLINS AVENUE LAKEWOOD CO 80215</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP BUCKELEW, LARRY C 10810 W COLLINS AVENUE LAKEWOOD CO 80215-4439</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VATD SONNEN, GREGG 1919 CHARLOTTE AVENUE NASHVILLE TN 37203</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SMITH, KEVIN M 10810 W COLLINS AVENUE LAKEWOOD CO 80215-4439</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Bruce R. Winsor 10810 W. Collins Avenue Lakewood, Colorado 80215-4439</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>10810 W. Collins Avenue Lakewood, Colorado 80215-4439</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*4-5-2002*

*303.232.6800*

CR2E034 (9/01)

Attachment 358174



April 17, 2002

Gambro, Inc.  
Legal Department  
10810 West Collins Avenue  
Lakewood, Colorado 80215-4439  
USA

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

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

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 copy of the 2002 Uniform Business Report form for the referenced company and return to our office in the enclosed prepaid, self-addressed envelope.

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

Very truly yours,

A handwritten signature in cursive script, appearing to read 'B. Harkey'.

Barbara Harkey  
Executive Secretary  
Legal Department

Enclosures