

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90043 014 ***150.00

DOCUMENT # P94000018731

1. Corporation Name

**GAMBRO HEALTHCARE ACUTE CARE SERVICES OF SOUTH F
LORIDA, INC.**



Principal Place of Business

Mailing Address

**1185 OAK STREET
LAKEWOOD CO 80215**

**1185 OAK ST
ATTN: LEGAL DEPARTMENT
LAKEWOOD CO 80215
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1994

4. FEI Number

65-0472145

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **AS** ☐ DELETE
NAME **WINSOR, BRUCE**
STREET ADDRESS **1185 OAK ST**
CITY-ST-ZIP **LAKEWOOD CO 80215**

1.1 TITLE **AS** ☐ Change ☒ Addition
1.2 NAME **Lynn N. Meyer**
1.3 STREET ADDRESS **1185 Oak Street**
1.4 CITY-ST-ZIP **Lakewood, CO 80215**

TITLE **VPSD** ☐ DELETE
NAME **LEVY, RALPH Z JR**
STREET ADDRESS **1919 CHARLOTTE AVE**
CITY-ST-ZIP **NASHVILLE TN**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: Lynn N. Meyer

4/26/99

(303) 205-2542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

545446-90043-14
P94000018731

GAMBRO Healthcare Acute Care Services of So. Florida, Inc.

Officers

<u>Officer Names</u>	<u>Office Held</u>	<u>Business Address</u>
Mats Wahlström	President	1185 Oak Street Lakewood, CO 80215
Ralph Z. Levy, Jr.	Vice President and Secretary	5200 Maryland Way Brentwood, TN 37027
Kevin M. Smith	Vice President and Treasurer	1185 Oak Street Lakewood, CO 80215
Daniel B. Brown	Vice President and Assistant Secretary	5200 Maryland Way Brentwood, TN 37027
Bruce Winsor	Assistant Secretary	1185 Oak Street Lakewood, CO 80215
Lynn N. Meyer	Assistant Secretary	1185 Oak Street Lakewood, CO 80215
Gregg Sonnen	Assistant Treasurer	1185 Oak Street Lakewood, CO 80215
Simon Castellanos	Assistant Treasurer	1185 Oak Street Lakewood, CO 80215

Board of Directors

<u>Director Name</u>	<u>Business Address</u>
Mats Wahlstrom	1185 Oak Street Lakewood, CO 80215
Ralph Z. Levy, Jr.	5200 Maryland Way Brentwood, TN 37027
Gregg Sonnen	1185 Oak Street Lakewood, CO 80215