



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2012

1. Corporate ID No. 000109666

2. Name of Corporation Fresenius Medical Care Cardiovascular Resources, Inc.

3. Street Address Principal Business Office:

No. and Street: 3100 WEST END AVENUE, SUITE 800

City or Town: NASHVILLE

State: TN Zip: 37203 Country: USA

4. Business Phone No.

615 345 5510

5. State of Incorporation

State: PA

6. Brief Description of the Character of Business Conducted in Rhode Island

PROVIDE OUTSOURCED PERFUSION, AUTOTRANSFUSION, ANESTHESIA TECHNICIAN
AND BLOOD MANAGEMENT SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	J. MICHAEL MAULDIN	3100 WEST END AVENUE, SUITE 800 NASHVILLE, TN 37203 USA
SECRETARY	CHRISTI D. GRIFFIN	3100 WEST END AVENUE, SUITE 800 NASHVILLE, TN 37203 USA
SECRETARY	CHRISTI D GRIFFIN	3100 WEST END AVE., SUITE 800 NASHVILLE, TN 37203 USA
CEO	GARY A. BRUKARDT	3100 WEST END AVENUE, SUITE 800 NASHVILLE, TN 37203 USA
VICE PRESIDENT	DAVID M. MALONEY	3100 WEST END AVENUE, SUITE 800 NASHVILLE, TN 37203 USA
DIRECTOR	GARY A. BRUKARDT	3100 WEST END AVENUE, SUITE 800 NASHVILLE, TN 37203 USA
DIRECTOR	CHRISTI D. GRIFFIN	3100 WEST END AVENUE, SUITE 800 NASHVILLE, TN 37203 USA
DIRECTOR	J. MICHAEL MAULDIN	3100 WEST END AVENUE, SUITE 800 NASHVILLE, TN 37203 USA
DIRECTOR	DAVID M. MALONEY	3100 WEST END AVENUE, SUITE 800 NASHVILLE, TN 37203 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$10.00	100.00	100

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 16 Day of February, 2012 at 6:07:12 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By CHRISTI D. GRIFFIN
Signature of Authorized Representative of the Corporation

SECRETARY
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

© 2007 - 2012 State of Rhode Island and Providence Plantations
All Rights Reserved