2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002381

Entity Name: SIEMENS HEALTHCARE DIAGNOSTICS INC.

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
5700 W 96 STREET LOS ANGELES, CA 90045				1717 DEERFIELD ROAD DEERFIELD, IL 60015			
Current Mailing Address:				New Mailing Address:			
5700 W 96 STREET LOS ANGELES, CA 90045				1717 DEERFIELD ROAD DEERFIELD, IL 60015			
FEI Number:	: 95-2802182	FEI Number Applied For ()	FEI Nur	nber Not Appl	licable ()	Certificate of Status D	esired ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of	New Registered Age	nt:
1200 SOU PLANTATI The above	PORATION SYS TH PINE ISLANION, FL 33324 named entity see of Florida.	ND ROAD	purpose c	of changing i	ts registered	office or registered ag	ent, or both,
SIGNATUR		ic Signature of Registered Ag	ent			 Date	
Election Car		Trust Fund Contribution ().					
OFFICERS	S AND DIREC	TORS:		ADDITION	IS/CHANGES	S TO OFFICERS AND	DIRECTORS:
Title: Name: Address: City-St-Zip:	PCEO () REID-ANDERSO 1717 DEERFIEI DEERFIELD, IL	LD ROAD		Title: Name: Address: City-St-Zip:	CFO () SCHMITZ, JO 511 BENEDIO TARRYTOWN	T AVE	
Title: Name: Address: City-St-Zip:	AS () BACKUS, FRITZ 5700 W 96 STR LOS ANGELES	REET		Title: Name: Address: City-St-Zip:	AS (PEARSON, LO 1717 DEERFI DEERFIELD,	ELD ROAD	
Title: Name: Address: City-St-Zip:	S () BIHL, ANTHONY 511 BENEDICT TARRYTOWN, I	AVENUE		Title: Name: Address: City-St-Zip:	S (. D'ADAMIO, AN 511 BENEDIO TARRYTOWN	T AVENUE	
Title: Name: Address: City-St-Zip:	REINHARDT, EI HENKESTRASS			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STEGEMANN, F			Title: Name: Address: City-St-Zip:	PACANSKY, E	VENUE SOUTH	
Title: Name: Address: City-St-Zip:	AS (X) PACANSKY, BE 170 WOOD AVE ISELIN, NJ 088	ENUE SOUTH		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLY PACANSKY AS 04/20/2009