2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State
03-16-2004 90021 021 ***150.00

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1. Entity Name
AMERSHAM HEALTH INC.

Principal Place of Business	Mailing Address
101 CARNEGIE CENTER PRINCETON, NJ 08540	101 CARNEGIE CENTER PRINCETON, NJ 08540

DO NOT WRITE IN THIS SPACE

03102004 No Chg-P CR2E034 (10/03)

4. FEI Number
13-3786405
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PETERS, DANIEL L
STREET ADDRESS	101 CARNEGIE CENTER
CITY-ST-ZIP	PRINCETON, NJ
TITLE	VTD
NAME	PULITO, VITO
STREET ADDRESS	101 CARNEGIE CENTER
CITY-ST-ZIP	PRINCETON, NJ 08540
TITLE	VD
NAME	GIORDANO, THOMAS
STREET ADDRESS	101 CARNEGIE CENTER
CITY-ST-ZIP	PRINCETON, NJ
TITLE	VS
NAME	FREEDMAN, JEFFREY
STREET ADDRESS	101 CARNEGIE CENTER
CITY-ST-ZIP	PRINCETON, NJ
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ VITO PULITO 3/10/04 609-514-6485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #