2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# F96000003385

Entity Name: AMERSHAM HEALTH INC.

Current Principal Place of Business:

101 CARNEGIE CENTER
PRINCETON, NJ 08540

New Principal Place of Business:

Current Mailing Address:

101 CARNEGIE CENTER
PRINCETON, NJ 08540

New Mailing Address:

FEI Number: 13-3786405 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PETERS, DANIEL L
Address: 101 CARNEGIE CENTER
City-St-Zip: PRINCETON, NJ

Title: VTD ( ) Delete
Name: PULITO, VITO
Address: 101 CARNEGIE CENTER
City-St-Zip: PRINCETON, NJ 08540

Title: VD ( ) Delete
Name: GIORDANO, THOMAS
Address: 101 CARNEGIE CENTER
City-St-Zip: PRINCETON, NJ

Title: VS ( ) Delete
Name: FREEDMAN, JEFFREY
Address: 101 CARNEGIE CENTER
City-St-Zip: PRINCETON, NJ

Title: VP ( ) Delete
Name: KROP, PAMELA S
Address: 29 FISHER AVENUE
City-St-Zip: PRINCETON, NJ 08540

Title: AS ( ) Delete
Name: PERRO, CONCETTA M
Address: 310 WARREN STREET
City-St-Zip: SCOTCH PLAINS, NJ 07076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: VITO PULITO VTD 01/10/2006

Electronic Signature of Signing Officer or Director Date