## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M02000002205

Entity Name: PHILIPS MEDICAL CAPITAL, LLC

DE LAGE LANDEN FINANCIAL SERVICES, INC.

1111 OLD EAGLE SCHOOL ROAD

WAYNE, PA 19087

Name:

Address:

City-St-Zip:

FILED May 13, 2009 Secretary of State

| Current Principal Place of Business:        |                                                                                                                                                          | New Principal Place of Business:            |                                              |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------|
| 1111 OLD<br>WAYNE, F                        | EAGLE SCHOOL ROAD<br>PA 19087                                                                                                                            |                                             |                                              |
| Current Mailing Address:                    |                                                                                                                                                          | New Mailing Address:                        |                                              |
| 1111 OLD<br>WAYNE, F                        | EAGLE SCHOOL ROAD<br>PA 19087                                                                                                                            |                                             |                                              |
| In accordan                                 | : 48-1268248 FEI Number Applied For() FEI N<br>ce with s. 607.193(2)(b), F.S., the limited liability company d<br>I Address of Current Registered Agent: |                                             |                                              |
| 1201 HAY                                    | ATION SERVICE COMPANY<br>S STREET<br>SSEE, FL 32301 US                                                                                                   |                                             |                                              |
|                                             | named entity submits this statement for the purpose<br>e of Florida.                                                                                     | e of changing its re                        | gistered office or registered agent, or both |
| SIGNATU                                     |                                                                                                                                                          |                                             |                                              |
|                                             | Electronic Signature of Registered Agent                                                                                                                 |                                             | Date                                         |
| MANAGING MEMBERS/MANAGERS:                  |                                                                                                                                                          | ADDITIONS/CHAN                              | GES:                                         |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | MGRM () Delete<br>PHILIPS ELECTRONICS NORTH AMERICA CORPORAT<br>1251 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10020                                        | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |
| Title:                                      | MGRM ( ) Delete                                                                                                                                          | Title:                                      | ( ) Change ( ) Addition                      |

Name:

Address:

City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: J ERIC ATHERHOLT SECT 05/13/2009