

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000002205

**Entity Name:** PHILIPS MEDICAL CAPITAL, LLC

**Current Principal Place of Business:**

1111 OLD EAGLE SCHOOL ROAD  
WAYNE, PA 19087

**Current Mailing Address:**

1111 OLD EAGLE SCHOOL ROAD  
WAYNE, PA 19087

**FEI Number: 48-1268248**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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

**Authorized Person(s) Detail :**

Title	MEMBER	Title	MEMBER
Name	PHILIPS ELECTRONICS NORTH AMERICA CORPORATION	Name	DE LAGE LANDEN FINANCIAL SERVICES, INC.
Address	3000 MINUTEMAN RD	Address	1111 OLD EAGLE SCHOOL ROAD
City-State-Zip:	ANDOVER MA 01810	City-State-Zip:	WAYNE PA 19087

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LISA FLEISCHER

**AUTHORIZED PERSON**

**01/04/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date