

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0200002205

**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  
Name PHILIPS NORTH AMERICA LLC  
Address 3 FLOOR 222 JACOBS STREET  
City-State-Zip: CAMBRIDGE MA 02141

Title MEMBER  
Name DE LAGE LANDEN FINANCIAL SERVICES, INC.  
Address 1111 OLD EAGLE SCHOOL ROAD  
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**

**SECRETARY**

**04/19/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date