

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 501442 (8)**

1. Corporation Name

**VITA-STAT MEDICAL SERVICES, INC.**

Principal Place of Business

15220 NE 40TH ST  
REDMOND WA 98052  
US

Mailing Address

PO BOX 97013  
REDMOND WA 98052  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/16/1976

3a. Date of Last Report

04/29/1994

4. FEI Number

59-1692437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 190.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

LOMBARDI, CARL

15220 NE 40 ST

REDMOND WA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD

BRODD, MARY J

15220 NE 40 ST

REDMOND WA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VTD

SHERRILL, BARBARA

15220 NE 40 ST

REDMOND WA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AS

HUGHLETT, WILLIAM

15220 NE 40 ST

REDMOND WA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AS

KREMEN, MORRIS

15220 NE 40 ST

REDMOND WA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AS

15220 NE 40 ST

REDMOND WA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AS

15220 NE 40 ST

REDMOND WA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual 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 12 or Block 13 (if applicable) or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR William D. Hughlett

Date

Daytime Phone #

4/25/95