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Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 98073-9713
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

04/16/1976

3a. Date of Last Report

05/01/1996

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. 199.032,
Florida Statutes

☐

Yes

☐

No

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LOMBARDI, CARL
STREET ADDRESS 15220 NE 40 ST
CITY-ST-ZIP REDMOND WA

TITLE SD ☐ DELETE

NAME DEFELICE, EUGENE
STREET ADDRESS 15220 NE 40 ST
CITY-ST-ZIP REDMOND WA

TITLE VD ☐ DELETE

NAME RICHAMNA, JAMES A.
STREET ADDRESS 15220 NE 40 ST
CITY-ST-ZIP REDMOND WA

TITLE AS ☐ DELETE

NAME HUGHLETT, WILLIAM
STREET ADDRESS 15220 NE 40 ST
CITY-ST-ZIP REDMOND WA

TITLE AS ☐ DELETE

NAME WEST, CLAY
STREET ADDRESS 15220 NE 40 ST
CITY-ST-ZIP REDMOND WA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/97
Date

(201) 852-3700
Daytime Phone #

0509235

CR2E034 (9/96)

VITA-STAT MEDICAL SERVICES, INC.
SCHEDULE OF ADDITIONAL OFFICERS

OFFICERS

Assistant Secretary

William D. Hughlett

15220 N.E. 40th Street
Redmond, WA 98052

Assistant Secretary

Clay West

15220 N.E. 40th Street
Redmond, WA 98052