

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90040 020 ***150.00

DOCUMENT # 501442

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1976

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 owes the current year intangible
Personal Property Tax. ☐ 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PD LOMBARDI, CARL
STREET ADDRESS 15220 NE 40 ST
CITY-ST-ZIP REDMOND WA

TITLE ☐ DELETE
NAME SD DEFELICE, EUGENE
STREET ADDRESS 15220 NE 40 ST
CITY-ST-ZIP REDMOND WA

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

TITLE ☒ DELETE
NAME AS HUGHLETT, WILLIAM
STREET ADDRESS 15220 NE 40 ST
CITY-ST-ZIP REDMOND WA

TITLE ☐ DELETE
NAME AS 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 VD RICHMAN, JAMES A.
1.3 STREET ADDRESS 15220 NE 40 ST
1.4 CITY-ST-ZIP REDMOND, WA 98052

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME AS IP, PATRICK
2.3 STREET ADDRESS 15220 NE 40 ST
2.4 CITY-ST-ZIP REDMOND, WA 98052 *Delete*

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME AS BREWER, LORI L.
3.3 STREET ADDRESS 15220 NE 40 ST
3.4 CITY-ST-ZIP REDMOND, WA 98052 *Delete*

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME AS Valerie Yerevin
4.3 STREET ADDRESS 15220 NE 40th St.
4.4 CITY-ST-ZIP Redmond WA 98073

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 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, with all other like empowered.

SIGNATURE

Cal B. Chen 5/12/00

Attachment
DUU61907
PH#50442

VITA-STAT MEDICAL SERVICES, INC.
SCHEDULE OF OFFICERS AND DIRECTORS

OFFICERS

Business Address

President	Carl A. Lombardi *	15220 N.E. 40th Street Redmond, WA 98073
Vice President	James A. Richman *	15220 N.E. 40th Street Redmond, WA 98073
Secretary	Eugene V. DeFelice *	15220 N.E. 40th Street Redmond, WA 98073
Assistant Secretary	Clay West	15220 N.E. 40th Street Redmond, WA 98073
Assistant Secretary	Valerie Yeremin	15220 N.E. 40th Street Redmond, WA 98073

* Also Directors