

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 501442**

1. Entity Name

VITA-STAT MEDICAL SERVICES, INC.**FILED**
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90410 001 ***450.00

0005204

Principal Place of Business

**15220 NE 40TH ST
REDMOND WA 98052
US**

Mailing Address

**PO BOX 97013
REDMOND WA 98073
US****41185**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1692437**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	RICHMAN, JAMES A	
STREET ADDRESS	15220 NE 40 ST	
CITY-ST-ZIP	REDMOND WA 98052	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEFELICE, EUGENE	
STREET ADDRESS	15220 NE 40 ST	
CITY-ST-ZIP	REDMOND WA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	YEREMIN, VALERIE	
STREET ADDRESS	15220 NE 40 ST	
CITY-ST-ZIP	REDMOND WA 98073	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WEST, CLAY	
STREET ADDRESS	15220 NE 40 ST	
CITY-ST-ZIP	REDMOND WA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Asst. Treasurer (AT)	
STREET ADDRESS	Michael Kehoe	
CITY-ST-ZIP	15220 NE 40th St	
	Redmond, WA 98073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Kehoe**4/18/01**

Date

425-867-7352

Daytime Phone #

CR2E034 (10/00)