

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90092 001 ***750.00

DOCUMENT # 501442

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1692437

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
 NAME **RICHMAN, JAMES A**
 STREET ADDRESS **15220 NE 40 ST**
 CITY-ST-ZIP **REDMOND WA 98052**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☒ Delete
 NAME **DEFELICE, EUGENE**
 STREET ADDRESS **15220 NE 40 ST**
 CITY-ST-ZIP **REDMOND WA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** ☒ Delete
 NAME **YEREMIN, VALERIE**
 STREET ADDRESS **15220 NE 40 ST**
 CITY-ST-ZIP **REDMOND WA 98073**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** ☐ Delete
 NAME **WEST, CLAY**
 STREET ADDRESS **15220 NE 40 ST**
 CITY-ST-ZIP **REDMOND WA**

TITLE **S/D** ☒ Change ☐ Addition
 NAME **WEST, CLARENCE**
 STREET ADDRESS **15220 NE 40TH ST.**
 CITY-ST-ZIP **REDMOND WA 98073**

TITLE **AT** ☒ Delete
 NAME **KEHOE, MICHAEL**
 STREET ADDRESS **15220 NORTHEAST 40TH STREET**
 CITY-ST-ZIP **REDMOND WA 98073**

TITLE **AT** ☒ Change ☐ Addition
 NAME **COMIN, CINDY L.**
 STREET ADDRESS **15220 NE 40TH ST.**
 CITY-ST-ZIP **REDMOND, WA 98073**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED
CINDY L. COMIN

4/18/02

Date

425 882-3700

Daytime Phone #

CR2E034 (9/01)

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

OFFICERS

Business Address

President	Carl A. Lombardi *	15220 N.E. 40th Street P.O. Box 97013 Redmond, WA 98073-9713
Vice President	James A. Richman *	15220 N.E. 40th Street P.O. Box 97013 Redmond, WA 98073-9713
Secretary	Clarence F. West *	15220 N.E. 40th Street P.O. Box 97013-9713 Redmond, WA 98073-9713
Assistant Treasurer	Cindy L. Comin	15220 N.E. 40th Street P.O. Box 97013-9713 Redmond, WA 98073-9713

* Also Directors