

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 20 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 807907

1. Corporation Name

PHILIPS MEDICAL SYSTEMS (CLEVELAND), INC.

Principal Place of Business

Mailing Address

595 MINER ROAD
CLEVELAND OH 44143

595 MINER ROAD
CLEVELAND OH 44143

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/1949

5. FEI Number

13-1725183

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DVP	USA, J.S. Scott M. Weisenhoff	595 MINER RD	CLEVELAND OH 44143
VP	GULL, W.J. Robert N. Smith	595 MINER ROAD 1251 Avenue of the Americas	CLEVELAND OH New York, New York 10020
VPS SVPD	CIRINO, JERRY C Sijze W. Plokker	595 MINER ROAD 1251 Avenue of the Americas	CLEVELAND OH 44143 New York, NY 10020
ACTO Controller	BLANKENSHIP, R M	595 MINER ROAD	CLEVELAND OH 44143
PD	PARKS, F.B. Scott M. Weisenhoff	595 MINER ROAD	CLEVELAND OH 44143
000025307640 01/26/04--01092--001 **150.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

John H. Pelletier
REGISTERED AGENT MUST SIGN

JOHN H. PELLETIER
ASST. VICE PRESIDENT

Date

1/8/04

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

John H. Pelletier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/25/03 212-536-0500