

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90093 018 \*\*\*150.00

**DOCUMENT # 807907**

1. Entity Name

PHILIPS MEDICAL SYSTEMS (CLEVELAND), INC.



Principal Place of Business

595 MINER ROAD  
CLEVELAND OH 44143

Mailing Address

1851 AVE OF THE AMERICAS  
ATTN: TAX DEPT 20TH FLOOR  
NEW YORK NY 10020-1104

**50049931**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-1725183

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DVP ☒ Delete  
NAME WEISENHOF, SCOTT M  
STREET ADDRESS 595 MINER RD  
CITY-ST-ZIP CLEVELAND OH 44143

TITLE V ☐ Delete  
NAME SMITH, ROBERT N  
STREET ADDRESS 1251 AVENUE IF THE AMERICAS  
CITY-ST-ZIP NEW YORK NY 10020

TITLE VPSD ☐ Delete  
NAME PLOKKER, SIJZE W  
STREET ADDRESS 1251 AVENUE OF THE AMERICAS  
CITY-ST-ZIP NEW YORK NY 10020

TITLE C ☐ Delete  
NAME BLANKENSHIP, R M  
STREET ADDRESS 595 MINER ROAD  
CITY-ST-ZIP CLEVELAND OH 44143

TITLE PD ☐ Delete  
NAME WEISENHOF, SCOTT M  
STREET ADDRESS 595 MINER ROAD  
CITY-ST-ZIP CLEVELAND OH 44143

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 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

Robert N. Smith

Date

Daytime Phone #

4/28/05