

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90038 050 ***150.00

DOCUMENT # 822696

1. Entity Name
SIEMENS MEDICAL SOLUTIONS HEALTH SERVICES CORPORATION

Principal Place of Business
51 VALLEY STREAM PARKWAY
MALVERN PA 19355

Mailing Address
51 VALLEY STREAM PARKWAY
MALVERN PA 19355

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
23-1704148

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]*

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 requirements 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. CURRENT OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	T. MEHL, HANS
STREET ADDRESS	51 VALLEY STREAM PKWY
CITY-ST-ZIP	MALVERN PA 19355
TITLE	<input type="checkbox"/> Delete
NAME	P. LAUELLE, FRANK
STREET ADDRESS	51 VALLEY STREAM PKWY
CITY-ST-ZIP	MALVERN PA 19355
TITLE	<input type="checkbox"/> Delete
NAME	D. REINHARDT, ERICH
STREET ADDRESS	51 VALLEY STREAM PKWY
CITY-ST-ZIP	MALVERN PA 19355
TITLE	<input type="checkbox"/> Delete
NAME	V. GRADY, EDWARD J III
STREET ADDRESS	51 VALLEY STREAM PARKWAY
CITY-ST-ZIP	MALVERN PA 19355
TITLE	<input type="checkbox"/> Delete
NAME	S. SHUMAN, BONNIE
STREET ADDRESS	51 VALLEY STREAM PKWY
CITY-ST-ZIP	MALVERN PA 19355
TITLE	<input type="checkbox"/> Delete
NAME	D. MCCAULSAND, TOM
STREET ADDRESS	1705 FONTNAY PLACE
CITY-ST-ZIP	MALVERN PA 19355

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	FRANK LAUELLE
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	
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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-2002

Date

610-219-4611

Daytime Phone #

CR2E034 (9/01)