

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90072 009 ***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

Zip

Country

Zip

Country

03172004

Chg-P

CR2E034 (10/03)

4. FEI Number
23-1704148

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

**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. 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

11. 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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Steven D. Pomeroy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven D. Pomeroy, Tom Director, POA

Date 3/22/04

Daytime Phone #