

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2002 90092 001 ***750.00

DOCUMENT # F00000004833

1. Entity Name
LIFECLINIC MEDICAL DATA CORPORATION

Principal Place of Business

15220 N.E. 40TH STREET
REDMOND WA 98073

Mailing Address

PO BOX 97013
REDMOND WA 98073

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

91-2084559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 **PD** ☐ Delete
NAME **LOMBARDI, CARL A**
STREET ADDRESS **15220 N.E. 40TH STREET**
CITY-ST-ZIP **REDMOND WA 98073**

TITLE **SD** ☒ Delete
NAME **DEFILICE, EUGENE V**
STREET ADDRESS **15220 N.E. 40TH STREET**
CITY-ST-ZIP **REDMOND WA 98073**

TITLE **VD** ☐ Delete
NAME **RICHMAN, JAMES A**
STREET ADDRESS **15220 N.E. 40TH STREET**
CITY-ST-ZIP **REDMOND WA 98073**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **SD** ☒ Change ☐ Addition
NAME **WEST, CLARENCE F.**
STREET ADDRESS **15220 NE 40TH ST.**
CITY-ST-ZIP **Redmond WA 98073**

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

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

TITLE ☐ Change ☐ Addition
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:

Cindy L. Comin

SIGNATURE REQUIRED

CINDY L. COMIN 4/18/02

425 882 3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

LIFECLINIC MEDICAL DATA CORPORATION
SCHEDULE OF OFFICERS AND DIRECTORS

OFFICERS

Business Address

President	Carl A. Lombardi *	15220 N.E. 40th Street P.O. Box 97013-9713 Redmond, WA 98073-9713
Vice President	James A. Richman *	15220 N.E. 40th Street P.O. Box 97013-9713 Redmond, WA 98073-9713
Chief Legal Counsel -- and 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