2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001600

Entity Name: PERKINELMER HEALTH SCIENCES, INC.

FILED Apr 01, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
940 WINTE RESERVOI WALTHAM		57 US				
Current Mailing Address:				New Mailing Address:		
940 WINTER STREET, RESERVOIR WOODS ATTN: MS. J. PEARL WALTHAM, MA 024511457 US						
FEI Number:	04-3361624	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
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:						
	Electronic	Signature of Registered Age	ent			Date
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SCHLEPER, EDV	REET, RESERVOIR WOODS		Title: Name: Address: City-St-Zip:		(X) Change () Addition JOHN R STREET, RESERVOIR WOODS MA 024511457 US
Title: Name: Address: City-St-Zip:	FRIEL, ROBERT	REET, RESERVOIR WOODS		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	HEALY, JOHN L	Delete REET, RESERVOIR WOODS 024511457 US		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	VP () EBEGLEY, DICK 940 WINTER STI WALTHAM, MA	REET, RESERVOIR WOODS		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	EGLEN, RICHAR	REET, RESERVOIR WOODS		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	DELAHUNT, STE	REET, RESERVOIR WOODS		Title: Name: Address: City-St-Zip:		(X) Change () Addition D, DAVID C R STREET, RESERVOIR WOODS MA 024511457 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN L. HEALY DVPS 04/01/2009