

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 04, 2005 08:00 AM  
Secretary of State

DOCUMENT # F03000006205

1. Entity Name

PHILIPS MEDICAL SYSTEMS EXPORT, INC.



Principal Place of Business

Mailing Address

1550 SAWGRASS CORPORATE PARKWAY, #300 SUNRISE FL 33323  
1251 AVENUE OF THE AMERICAS, 20TH FLO NEW YORK NY 10020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

20-0446444

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME GROENHUYSEN, WILHELMUS C.M.  
STREET ADDRESS 1251 AVENUE OF THE AMERICAS  
CITY- ST- ZIP NEW YORK NY 10020-1104 ☐ Delete

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

TITLE V  
NAME BASTIANI, IVO  
STREET ADDRESS 1251 AVENUE OF THE AMERICAS  
CITY- ST- ZIP NEW YORK NY 10020-1104 ☐ Delete

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

TITLE V  
NAME PLOKKER, SIJZE W  
STREET ADDRESS 1251 AVENUE OF THE AMERICAS  
CITY- ST- ZIP NEW YORK NY 10020-1104 ☐ Delete

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

TITLE V  
NAME SMITH, ROBERT N  
STREET ADDRESS 1251 AVENUE OF THE AMERICAS  
CITY- ST- ZIP NEW YORK NY 10020-1104 ☐ Delete

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

TITLE T  
NAME MACAYO, IGNACIO  
STREET ADDRESS 1550 SAWGRASS CORPORATE PARKWAY, #300  
CITY- ST- ZIP SUNRISE FL 33323 ☐ Delete

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

TITLE S  
NAME OATES, WARREN T JR.  
STREET ADDRESS 1251 AVENUE OF THE AMERICAS  
CITY- ST- ZIP NEW YORK NY 10020-1104 ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 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

4/28/05

Daytime Phone #