PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Secretary of State			Y-1 PH 4:28 TARY OF STATE HASSEE FLORIDA
DOCUMENT # F0300006205 1. comporation Name Philips Medical Syskms Export, Inc.			!	
2. Principal Office Address - No P.O. Box# 3. Mailing Office Address @ PWips To 30 20 NW 150th Avenue 200 Franklin Square Dri Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Pembroke fines, FL Sumersch NJ Zip Country 33028 USA O6673 USA			4001502024 (05/01/09-01016-010 **600.00 CR2E081 (12/08) 4. Date Incorporated or Qualified To Do Business in Florida 12(5 200 3) 5. FEI Number Applied For Not Applied For QUALIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status	
7. Name and Address o	f Current Registered Ager	nt		
Street Addres			☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
8. I, being appointed the registered agent of the abo	ve named corporation, am t	amiliar with and accept the ob	ligations of section	607.0505 or 617.0503, F.S.
Signature of Registered Agent Date REGISTERED AGENT MUST SIGN				Date
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip
	5	ee attac	hed	
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application; the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: Aud Cavanay Pau				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR Date / / Daytime Phone #				

dre

PG 2082

Directors / Officers Report

As of 4/20/2009

Philips Medical Systems Export, Inc.

Directors

Pamela L. Dunlap

Director

Primary Address:

3000 Minuteman Road

Andover, Massachusetts 01810 (United States)

Joseph E. Innamorati

Director

Primary Address:

3000 Minuteman Road Building One, MS 109

Andover, Massachusetts 01810 (USA)

Officers

Pamela L. Dunlap

President

Primary Address:

3000 Minuteman Road

Andover, Massachusetts 01810 (United States)

Paul Cavanaugh

Vice President

Primary Address:

3000 Minuteman Road

Building One

Andover, Massachusetts 01810

Raymond C. Fleming

Vice President

Primary Address:

3000 Minuteman Road

Andover, Massachusetts 01810 (United States)

Joseph E. Innamorati

Vice President

Primary Address:

3000 Minuteman Road Building One, MS 109

Andover, Massachusetts 01810 (USA)

Ignacio Macayo

Treasurer

Primary Address:

1550 Sawgrass Corporate Parkway, Suite 300

Sunrise, FL 33323 (USA)

Joseph E. Innamorati

Secretary

Primary Address:

3000 Minuteman Road

Building One, MS 109

Andover, Massachusetts 01810 (USA)

Cynthia MacLean

Assistant Secretary

Primary Address:

3000 Minuteman Road

Bulding One

Andover, Massachusetts 01810