

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006205

FILED
Feb 23, 2011
Secretary of State

Entity Name: PHILIPS MEDICAL SYSTEMS EXPORT, INC.

Current Principal Place of Business:

2020 NW 150TH AVENUE
#300
PEMBROKE PINES, FL 33028

New Principal Place of Business:

3000 MINUTEMAN ROAD
ANDOVER, MA 01810

Current Mailing Address:

3000 MINUTEMAN ROAD
ANDOVER, MA 01810

New Mailing Address:

FEI Number: 20-0446444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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 Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: DRIPCHAK, DAVID A
Address: 3000 MINUTEMAN ROAD
City-St-Zip: ANDOVER, MA 01810

Title: VPSD
Name: INNAMORATI, JOSEPH E
Address: 3000 MINUTEMAN ROAD
City-St-Zip: ANDOVER, MA 01810

Title: VP
Name: CAVANAUGH, PAUL
Address: 3000 MINUTEMAN ROAD
City-St-Zip: ANDOVER, MA 01810

Title: VP
Name: FLEMING, RAYMOND C
Address: 3000 MINUTEMAN ROAD
City-St-Zip: ANDOVER, MA 01810

Title: S
Name: INNAMORATI, JOSEPH E
Address: 3000 MINUTEMAN ROAD
City-St-Zip: ANDOVER, MA 01810

Title: T
Name: MACAYO, IGNACIO
Address: 3000 MINUTEMAN ROAD
City-St-Zip: ANDOVER, MA 01810

I hereby 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 all other like empowered.

SIGNATURE: PAUL CAVANAUGH

VP

02/23/2011

Electronic Signature of Signing Officer or Director

Date