

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004872

FILED
Apr 02, 2012
Secretary of State

Entity Name: PHILIPS HEALTHCARE INFORMATICS, INC.

Current Principal Place of Business:

3000 MINUTEMAN ROAD
ANDOVER, MA 01810

New Principal Place of Business:

Current Mailing Address:

3000 MINUTEMAN ROAD
ANDOVER, MA 01810

New Mailing Address:

FEI Number: 94-3313966

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: PCEO
Name: DISANZO, DEBORAH
Address: 3000 MINUTEMAN ROAD
City-St-Zip: ANDOVER, MA 01810 US

Title: SVP
Name: VAATSTRA, WIM
Address: 3000 MINUTEMAN ROAD
City-St-Zip: ANDOVER, MA 01810 US

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

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

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

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

04/02/2012

Electronic Signature of Signing Officer or Director

Date