

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005706

FILED
Apr 26, 2007
Secretary of State

Entity Name: AGFA HEALTHCARE CORPORATION

Current Principal Place of Business:

100 CHALLENGER ROAD
RIDGEFIELD PARK, NJ 07660

New Principal Place of Business:

Current Mailing Address:

100 CHALLENGER ROAD
RIDGEFIELD PARK, NJ 07660

New Mailing Address:

FEI Number: 20-4997964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: COAKLEY, TIMOTHY J III
Address: 100 CHALLENGER ROAD
City-St-Zip: RIDGEFIELD PARK, NJ 07660

Title: D () Delete
Name: BAILEY, VIRGINIA B
Address: 100 CHALLENGER ROAD
City-St-Zip: RIDGEFIELD PARK, NJ 07660

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: COAKLEY, TIMOTHY J III
Address: 100 CHALLENGER ROAD
City-St-Zip: RIDGEFIELD PARK, NJ 07660

Title: SEC (X) Change () Addition
Name: BAILEY, VIRGINIA B
Address: 100 CHALLENGER ROAD
City-St-Zip: RIDGEFIELD PARK, NJ 07660

Title: DIR () Change (X) Addition
Name: COAKLEY, TOMOTHY J
Address: 100 CHALLENGER ROAD
City-St-Zip: RIDGEFIELD PARK, NJ 07660

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: SANDRA MOORE

ACCT

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date