

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000005706

1. Entity Name
AGFA HEALTHCARE CORPORATION



Principal Place of Business
100 CHALLENGER ROAD
RIDGEFIELD PARK, NJ 07660

Mailing Address
100 CHALLENGER ROAD
RIDGEFIELD PARK, NJ 07660



02202008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-4997964

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

DATE
03/11/08-80029-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	COAKLEY, TIMOTHY J III
STREET ADDRESS	100 CHALLENGER ROAD
CITY-ST-ZIP	RIDGEFIELD PARK, NJ 07660
TITLE	SEC
NAME	BAILEY, VIRGINIA B
STREET ADDRESS	100 CHALLENGER ROAD
CITY-ST-ZIP	RIDGEFIELD PARK, NJ 07660
TITLE	DIR
NAME	COAKLEY, TOMOTHY J
STREET ADDRESS	100 CHALLENGER ROAD
CITY-ST-ZIP	RIDGEFIELD PARK, NJ 07660
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if 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

Date

Daytime Phone #

Virginia Benton Bailey 2/21/2008 201-373-4612