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Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092  
City State Zip Phone

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CORPORATION(S) NAME

~~Phil~~ Philips Medical Financial Services, Inc

- ☒ Profit  
☐ NonProfit  
☐ Amendment  
☐ Merger  
☒ Foreign  
☐ Dissolution/Withdrawal  
☐ Mark  
☐ LLC  
☐ Limited Partnership  
☐ Annual Report  
☐ Other UCC Filing  
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TALLAHASSEE, FLORIDA

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# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:

1. Philips Medical Financial Services, Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Washington  
(State or country under the law of which it is incorporated)
3. 91-1867448  
(FEI number, if applicable)
4. October 29, 1997  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Application  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))
7. P.O. Box 3003, Bothell, Washington 98041-3003  
(Current mailing address)
8. Any and all financial services associated with the leasing of equipment and related accessories.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent:  
Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida, 32301  
(Zip Code)
10. Registered agent acceptance:  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.*

Karen Wenner KAREN WENNER  
(Registered agent's signature) (Officer)

Assistant Vice President

(Type Name and Title of Officer)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

B. OFFICERS

President: see attached list of officers

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Kevin J. Grady  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kevin J. Grady, Secretary  
(Typed or printed name and capacity of person signing application)

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Appendix to Florida  
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Officers of  
Philips Medical Financial Services, Inc.**

---

1. Kevin J. Grady, Secretary  
22100 Bothell Everett Highway  
Bothell, Washington 98021
2. Paul R. Calderon, President  
22100 Bothell Everett Highway  
Bothell, Washington 98021
3. Edith M. Field, Vice President & Treasurer  
22100 Bothell Everett Highway  
Bothell, Washington 98021
4. Julie D. Ward, Vice President  
22100 Bothell Everett Highway  
Bothell, Washington 98021

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# STATE of WASHINGTON



## SECRETARY of STATE

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal,

hereby issue this

### CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

PHILIPS MEDICAL FINANCIAL SERVICES, INC.

I FURTHER CERTIFY that the records on file in this office show that the  
above named profit corporation was formed under the laws of the  
State of Washington and was issued a Certificate of Incorporation  
in Washington on October 29, 1997.

I FURTHER CERTIFY that as of the date of this certificate, no Articles of Dissolution  
have been filed, and that the corporation is duly authorized to  
transact business in the corporate form in the State of Washington.



Date: December 28, 1999

Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital

SBF   
Ralph Munro, Secretary of State