

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90013 027 ***550.00

DOCUMENT # F99000006769

1. Entity Name
PHILIPS MEDICAL FINANCIAL SERVICES, INC.

Principal Place of Business Mailing Address
 P.O. BOX 3003 P.O. BOX 3003
 BOTHELL WA 98041-3003 BOTHELL WA 98041-3003

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number **91-1867448** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	GRADY, KEVIN J	
STREET ADDRESS	22100 BOTHELL EVERETT HIGHWAY	
CITY-ST-ZIP	BOTHELL WA 98041-3003	
TITLE	P	<input type="checkbox"/> Delete
NAME	CALDERON, PAUL R	
STREET ADDRESS	22100 BOTHELL EVERETT HIGHWAY	
CITY-ST-ZIP	BOTHELL WA 98041-3003	
TITLE	VT	<input type="checkbox"/> Delete
NAME	FIELD, EDITH M	
STREET ADDRESS	22100 BOTHELL EVERETT HIGHWAY	
CITY-ST-ZIP	BOTHELL WA 98041-3003	
TITLE	V	<input type="checkbox"/> Delete
NAME	WARD, JULIE D	
STREET ADDRESS	22100 BOTHELL EVERETT HIGHWAY	
CITY-ST-ZIP	BOTHELL WA 98041-3003	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00 212-536-0784
 Date Daytime Phone #

CR2E034 (5/00)