2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 07, 2001 8:00 am Secretary of State DOCUMENT # F99000006769 PHILIPS MEDICAL FINANCIAL SERVICES, INC. 05-07-2001 90004 003 ***150.00 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. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 91-1867448 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE Change ☐ Addition GRADY, KEVIN J NAME NAME 22100 BOTHELL EVERETT HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOTHELL WA 98041-3003** Delete TITI F Change ☐ Addition TITLE CALDERON, PAUL R NAME NAME STREET ADDRESS 22100 BOTHELL EVERETT HIGHWAY STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BOTHELL WA 98041-3003** ☐ Change Delete TITLE ■ Addition TITLE FIELD, EDITH M NAME NAME STREET ADDRESS 22100 BOTHELL EVERETT HIGHWAY STREET ADDRESS CITY-ST-7/P CITY-ST-7IP **BOTHELL WA 98041-3003** TITLE □ Delete TITLE ☐ Change ☐ Addition WARD, JULIE D NAME NAME STREET ADDRESS 22100 BOTHELL EVERETT HIGHWAY STREET ADDRESS CITY-ST-ZIP **BOTHELL WA 98041-3003** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information by signature shall have the same legal effect as if made under oath; that I am an officer or director are required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does not go indicated on this report or supplemental report is of the corporation or the receiver or trustee emp changed, or on an attachment with an add