

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90184 011 ***150.00

DOCUMENT # F99000006769

1. Entity Name

Philips Medical Financial Services, Inc.

DO NOT WRITE IN THIS SPACE

648241

2. Principal Place of Business

22100 Bothell Everett Hwy.
Suite, Apt. #, etc.

3. Mailing Address

1251 Avenue of the Americas
Suite, Apt. #, etc.
19th Floor

DO NOT WRITE IN THIS SPACE

City & State

Bothell, Washington

City & State

New York, New York

4. FEI Number

91-1867448

Applied For

Not Applicable

Zip

98041

Country

Zip

10020

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301-2525

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)

DATE

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	Secretary	TITLE	
NAME	W. Brinton Yorks, Jr.	NAME	
STREET ADDRESS	22100 Bothell Everett Hwy.	STREET ADDRESS	
CITY - ST - ZIP	Bothell, Washington 98041	CITY - ST - ZIP	
TITLE	President	TITLE	
NAME	Paul R. Calderon	NAME	
STREET ADDRESS	22100 Bothell Everett Hwy.	STREET ADDRESS	
CITY - ST - ZIP	Bothell, Washington 98041	CITY - ST - ZIP	
TITLE	Vice President	TITLE	
NAME	Robert N. Smith	NAME	
STREET ADDRESS	1251 Avenue of the Americas	STREET ADDRESS	
CITY - ST - ZIP	New York, New York 10020	CITY - ST - ZIP	
TITLE	Executive President	TITLE	
NAME	Marha Lee	NAME	
STREET ADDRESS	1251 Avenue of the Americas	STREET ADDRESS	
CITY - ST - ZIP	New York, New York 10020	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert N. Smith

04/29/02

212-536-0784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #