

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90003 007 ***550.00

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1. Entity Name
PHILIPS MEDICAL FINANCIAL SERVICES, INC.



Principal Place of Business

**22100 BOTHELL EVERETT HWY.
BOTHELL, WA 98041**

Mailing Address

**1251 AVENUE OF THE AMERICAS
19TH FLOOR
NEW YORK, NY 10020**

50058244



07202005 No Chg-P CR2E034 (10/03)

4. FEI Number
91-1867448

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
OATES, WARREN T JR
1251 AVENUE OF THE AMERICAS
NEW YORK, NY 10020**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
CALDERON, PAUL R
22100 BOTHELL EVERETT HIGHWAY
BOTHELL, WA 980413003**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
SMITH, ROBERT N
1251 AVENUE OF THE AMERICAS
NEW YORK, NY 10020**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 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 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

Robert N. Smith

7/21/05

Date

212-536-0784

Daytime Phone #