

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006769

FILED  
Apr 02, 2012  
Secretary of State

**Entity Name:** PHILIPS MEDICAL FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

3000 MINUTEMAN ROAD  
ANDOVER, MA 01810

**New Principal Place of Business:**

**Current Mailing Address:**

3000 MINUTEMAN ROAD  
ANDOVER, MA 01810

**New Mailing Address:**

**FEI Number:** 91-1867448

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: EVPD  
Name: DRIPCHAK, DAVID A  
Address: 3000 MINUTEMAN ROAD  
City-St-Zip: ANDOVER, MA 01810

Title: VP  
Name: CAVANAUGH, PAUL  
Address: 3000 MINUTEMAN ROAD  
City-St-Zip: ANDOVER, MA 01810

Title: VP  
Name: FLEMING, RAYMOND C  
Address: 3000 MINUTEMAN ROAD  
City-St-Zip: ANDOVER, MA 01810

Title: VPSD  
Name: INNAMORATI, JOSEPH E  
Address: 3000 MINUTEMAN ROAD  
City-St-Zip: ANDOVER, MA 01810

Title: VPT  
Name: LANCE-PETRI, DANA  
Address: 3000 MINUTEMAN ROAD  
City-St-Zip: ANDOVER, MA 01810

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL CAVANAUGH

VP

04/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date