1 of 2

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0145902 AB

DOCUMENT # P11619

1. Entity Name

MEDVEST CORPORATION

FILED

03 DEC 17 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1000 CHESTERBROOK BLVD. SUITE 100 BERWYN PA 19312	1000 CHESTERBROOK BLVD. SUITE 100 BERWYN PA 19312

☐ CHECK HERE IF MAKING CHANGES

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 23-2426478 ☐ 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
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

See attach

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARTELL, NICHOLAS V 1000 CHESTERBROOK BLVD., STE 100 BERWYN PA 19312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD DUCKWORTH, W. JOSEPH 1000 CHESTERBROOK BLVD., STE 100 WAYNE PA 19087	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500025828695 12/30/03--01011--017 **750.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DAVIS, HAROLD M 1000 CHESTERBROOK BLVD., STE 100 BERWYN PA 19312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MALOOMIAN, DENNIS 1000 CHESTERBROOK BLVD., STE 100 BERWYN PA 19312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT SMITH, JAMES A III 1000 CHESTERBROOK BLVD., STE 100 BERWYN PA 19312	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (4/03)

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 REQUIRED Dennis Maloomian, pres/sec 610-251-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P11619

1. Entity Name
MEDVEST CORPORATION

Principal Place of Business
1000 CHESTERBROOK BLVD.
SUITE 100
BERWYN PA 19312

Mailing Address
1000 CHESTERBROOK BLVD.
SUITE 100
BERWYN PA 19312

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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 23-2426478 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Corporation Service
~~UNITED STATES CORPORATION~~ COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301
(850) 521-1000

7. Name and Address of New Registered Agent
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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE [signature] David Capozzolo, Authorized Person 12-17-03
DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

Field	Entry	
TITLE	VD	☐ Delete
NAME	MARTELL, NICHOLAS V	
STREET ADDRESS	1000 CHESTERBROOK BLVD., STE 100	
CITY-ST-ZIP	BERWYN PA 19312	
TITLE	VSD	☐ Delete
NAME	DUCKWORTH, W. JOSEPH	
STREET ADDRESS	1000 CHESTERBROOK BLVD., STE 100	
CITY-ST-ZIP	WAYNE PA 19087	
TITLE	TD	☐ Delete
NAME	DAVIS, HAROLD M	
STREET ADDRESS	1000 CHESTERBROOK BLVD., STE 100	
CITY-ST-ZIP	BERWYN PA 19312	
TITLE	PD	☐ Delete
NAME	MALOOMIAN, DENNIS	
STREET ADDRESS	1000 CHESTERBROOK BLVD., STE 100	
CITY-ST-ZIP	BERWYN PA 19312	
TITLE	AT	☒ Delete
NAME	SMITH, JAMES A III	
STREET ADDRESS	1000 CHESTERBROOK BLVD., STE 100	
CITY-ST-ZIP	BERWYN PA 19312	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition (six blocks, blank)

DATE 12/15/03
REPORT # 340
INVOICE # 011619
AMOUNT $750.00
CHGD: #42-001
COST CODE(S) #5313 - Uniform Business Report
CODE
CHECK
RV 12/15/03

F2003 12:15
V4467
12-15-03

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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dennis Maloomian President 610-251-5000