

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000005477

**Entity Name:** PHILIPS DS NORTH AMERICA LLC

**Current Principal Place of Business:**

12151 RESEARCH PARKWAY  
SUITE 200  
ORLANDO, FL 32826

**Current Mailing Address:**

12151 RESEARCH PARKWAY  
SUITE 200  
ORLANDO, FL 32826 US

**FEI Number:** 77-0115161

**Certificate of Status Desired:** No

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

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

*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

**Authorized Person(s) Detail :**

Title	AUTHORIZED MEMBER	Title	SECRETARY
Name	PHILIPS MEDICAL SYSTEMS MR, INC.	Name	INNAMORATI, JOSEPH E.
Address	450 OLD NISKAYUNA ROAD	Address	1600 SUMMER STREET
City-State-Zip:	LATHAM NY 12110	City-State-Zip:	STAMFORD CT 06905

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSEPH E. INNAMORATI

**SECRETARY**

**04/17/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date