

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000029

FILED  
Jun 16, 2010  
Secretary of State

**Entity Name:** AMERICAN DIAGNOSTIC MEDICINE, INC.

**Current Principal Place of Business:**

3537 NO. LECANTO HIGHWAY  
BEVERLY HILLS, FL 34465

**New Principal Place of Business:**

**Current Mailing Address:**

960 INDUSTRIAL DR.  
STE 7  
ELMHURST, IL 60126

**New Mailing Address:**

FEI Number: 36-3351715

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RIVERA, HECTOR  
3537 NO. LECANTO HIGHWAY  
BEVERLY HILLS, FL 34465 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: P  
Name: KANCHERLAPALLI, SAM  
Address: 960 INDUSTRIAL DR STE 7  
City-St-Zip: ELMHURST, IL 60126

Title: V  
Name: KANCHERLAPALLI, ANAND  
Address: 960 INDUSTRIAL DR STE 7  
City-St-Zip: ELMHURST, IL 60126

Title: S  
Name: KANCHERLAPALLI, SAM  
Address: 960 INDUSTRIAL DR STE 7  
City-St-Zip: ELMHURST, IL 60126

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: SAM KANCHERLAPALLI

PRES

06/16/2010

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

\_\_\_\_\_  
Date