

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002695

FILED
Jan 19, 2011
Secretary of State

Entity Name: DIAGNOSTIC EQUIPMENT SERVICE CORPORATION

Current Principal Place of Business:

124 MAIN STREET
NORFOLK, MA 02056

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 303
NORFOLK, MA 02056

New Mailing Address:

FEI Number: 04-2559700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PRES
Name: CECCA, EILEEN C
Address: 124 MAIN STREET
City-St-Zip: NORFOLK, MA 02056

Title: TRS
Name: CECCA, EILEEN C
Address: 124 MAIN STREET
City-St-Zip: NORFOLK, MA 02056

Title: SEC
Name: CECCA, EILEEN C
Address: 124 MAIN STREET
City-St-Zip: NORFOLK, MA 02056

Title: DIR
Name: CECCA, EILEEN C
Address: 124 MAIN STREET
City-St-Zip: NORFOLK, MA 02056

Title: DIR
Name: CECCA, ROBERT A
Address: 124 MAIN STREET
City-St-Zip: NORFOLK, MA 02056

Title: CEO
Name: BORDENCA, ANDREA L
Address: 124 MAIN STREET
City-St-Zip: NORFOLK, MA 02056

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: EILEEN C. CECCA

PRES

01/19/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date