

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT -5 PM 2:36

DOCUMENT # F01000006538

1. Entity Name
ATHENA DIAGNOSTICS, INC.



Principal Place of Business
377 PLANTATION STREET
BIOTECH 4
WORCESTER, MA 01605

Mailing Address
377 PLANTATION STREET
BIOTECH 4
WORCESTER, MA 01605

REINSTATEMENT 04-65



09272005 REIN-P CR2E098 (6/04)

4. FEI Number
31-1805826

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 *Lauren H. Kretz* SPECIAL ASSISTANT SECRETARY

10/3/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FLAHERTY, ROBERT
STREET ADDRESS 377 PLANTATION STREET
CITY-ST-ZIP WORCESTER, MA 01605 ☐ Delete

TITLE CFO
NAME ~~WEISBURG, JEFFREY~~ Weisberg, Jeffrey ☐ Delete
STREET ADDRESS 377 PLANTATION
CITY-ST-ZIP WORCESTER, FL 01605

TITLE D
NAME VISSER, MARK
STREET ADDRESS 126 EAST 56TH STREET 27TH FL.
CITY-ST-ZIP NEW YORK, NY 10022 ☐ Delete

TITLE D
NAME BEHRMAN, GRANT
STREET ADDRESS 126 EAST 56TH STREET 27TH FL
CITY-ST-ZIP NEW YORK, NY 10022 ☐ Delete

TITLE D
NAME DAVIS, JACK
STREET ADDRESS 12 WINTHROP HILL SIDE
CITY-ST-ZIP WESTON, CT 06883 ☐ Delete

TITLE D
NAME HERTIK, PHILLIP
STREET ADDRESS 245 CENTERVIEW DR. 7100 Commerce Way
CITY-ST-ZIP BRENTWOOD, TN 37027 Suite 285 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/28/05

508/756-2886