

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F01000006538**

1. Entity Name

**Athena Diagnostics, Inc.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 DEC 30 PM 2:13

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**377 Plantation Street**

3. Mailing Address

**377 Plantation Street**

Suite, Apt. #, etc.

**Biotech 4**

Suite, Apt. #, etc.

**Biotech 4**

City & State

**Worcester, MA**

City & State

**Worcester, MA**

Zip

**01605**

Country

**USA**

Zip

**01605**

Country

**USA**

**REINSTATEMENT**

4. FEI Number  
**31-1805826**

Applied For  
☐ Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)

**1200 South Pine Island Road**

City

**Plantation**

FL

Zip Code  
**33324**

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

SIGNATURE

*Connie Bryan*

**CONNIE BRYAN**

**SPECIAL ASSISTANT SECRETARY**

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

(NOTE: Registered Agent signature required when reinstating)

DATE  
**12/30/2002**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>President and CEO</b>
NAME	<b>Robert Flaherty</b>
STREET ADDRESS	<b>377 Plantation Street</b>
CITY- ST- ZIP	<b>Worcester, MA 01605</b>
TITLE	<b>Director</b>
NAME	<b>Lisabeth Murphy</b>
STREET ADDRESS	<b>Lincoln House, Lincoln Place</b>
CITY- ST- ZIP	<b>Dublin 2, Ireland</b>
TITLE	<b>Director</b>
NAME	<b>Seamus Mulligan</b>
STREET ADDRESS	<b>Lincoln House, Lincoln Place</b>
CITY- ST- ZIP	<b>Dublin 2, Ireland</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert Flaherty*

**Robert Flaherty**

DATE

**12/27/02**

Daytime Phone #

**508 7562886**

CR2E034B (12/01)