

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90207 027 ***158.75

DOCUMENT # P93000014982	
1. Entity Name SIGNET DIAGNOSTIC CORPORATION	

Principal Place of Business 3555 FISCAL CT 8 & 9 RIVIERA BCH FL 33404 US	Mailing Address 3555 FISCAL CT 8 & 9 RIVIERA BCH FL 33404 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0392284	Applied For ☐ Not Applicable
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent PASULA, MARK J 15865 79TH TERRACE N PALM BEACH GARDENS FL 33410	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

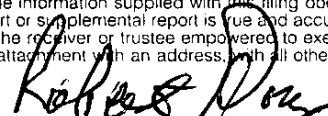
10. OFFICERS AND DIRECTORS

TITLE	☒ Delete
NAME	PASULA, MARK J PH.D.
STREET ADDRESS	15865 79TH TERR N.
CITY-ST-ZIP	PALM BCH GARDENS FL
TITLE	☐ Delete
NAME	HOFFMAN, MICHAEL
STREET ADDRESS	13324 WHISPERING LAKES LANE
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418
TITLE	☐ Delete
NAME	DAVIS, JERRY III
STREET ADDRESS	1208 SUNSET AVE
CITY-ST-ZIP	PERRY GA
TITLE	☐ Delete
NAME	Robert Souza
STREET ADDRESS	355 Ellamar Rd.
CITY-ST-ZIP	West Palm Beach, FL 33405
TITLE	☐ Delete
NAME	Ethan DeMitchell
STREET ADDRESS	2220 N 47th Avenue
CITY-ST-ZIP	Hollywood, FL 33021
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☒ Change ☐ Addition
NAME	C/D
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☒ Change ☐ Addition
NAME	P/D
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☒ Change ☐ Addition
NAME	V/D
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☒ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemptions contained in Section 119, 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:  **Robert Souza, CFO** **4-24-06** **561-848-7111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #