

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000101643

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: DIMENSIONAL DOSING SYSTEMS, INCORPORATED

**Current Principal Place of Business:**

2465 DOGWOOD DRIVE  
WEXFORD, PA 15090

**New Principal Place of Business:**

**Current Mailing Address:**

2465 DOGWOOD DRIVE  
WEXFORD, PA 15090

**New Mailing Address:**

FEI Number: 65-0879041

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COLLYER, MACON PA  
1834 MAIN STREET  
SARASOTA, FL 34236 US

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

BETTERTON, GREG A PA  
981 RIDGEWOOD AVE  
STE 101  
VENICE, FL 34285 US

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: GREG A BETTERTON

02/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BETTERTON, GREG  
Address: 625 APALACHICOLA  
City-St-Zip: VENICE, FL 38285

Title: D ( ) Delete  
Name: MISHKIND, MARIA  
Address: 4401 RIVERSIDE DRIVE  
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete  
Name: LEFROCK, JACK MD  
Address: 647 WATERSIDE WAY  
City-St-Zip: SARASOTA, FL 34242

Title: PCEO ( ) Delete  
Name: MCMICHAEL, JOHN P  
Address: 2465 DOGWOOD DRIVE  
City-St-Zip: WEXFORD, PA 15090

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GREG A BETTERTON

D

02/17/2009

Electronic Signature of Signing Officer or Director

Date