

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000002386

Entity Name: IMMUNOSTICS, INC.

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3505 SUNSET AVE.  
OCEAN, NJ 07712

**New Principal Place of Business:**

1750 BRIELLE AVENUE - A5  
OCEAN, NJ 07712

**Current Mailing Address:**

3505 SUNSET AVE.  
OCEAN, NJ 07712

**New Mailing Address:**

1750 BRIELLE AVENUE - A5  
OCEAN, NJ 07712

FEI Number: 22-1913042

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HERBERT, PHILIP G.  
13297 THOROUGHBRED LOOP  
LARGO, FL 33773 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: P  
Name: KUPITS, KENNETH  
Address: 1750 BRIELLE AVENUE - A5  
City-St-Zip: OCEAN, NJ 07712

Title: VP  
Name: LA STELLA, VINCENT P.  
Address: 1750 BRIELLE AVENUE - A5  
City-St-Zip: OCEAN, NJ 07712

Title: C  
Name: GEFFON, ANDREA  
Address: 1750 BRIELLE AVENUE - A5  
City-St-Zip: OCEAN, NJ 07712

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: ANDREA GEFFON

MS.

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date