

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001951

**FILED**  
**Apr 21, 2014**  
**Secretary of State**  
**CC4940690185**

**Entity Name:** IN NEED OF DIAGNOSIS, INC.

**Current Principal Place of Business:**

1412 1/2 E. CONCORD STREET  
ORLANDO, FL 32803

**Current Mailing Address:**

P. O. BOX 536456  
ORLANDO, FL 32853 US

**FEI Number:** 13-4321652

**Certificate of Status Desired:** No

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

HOLLINGSWORTH, REBECCA L  
1412 1/2 E. CONCORD STREET  
ORLANDO, FL 32803 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:** REBECCA HOLLINGSWORTH

04/21/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT, CHAIRMAN OF THE BOARD  
Name PENDLETON, JAMES DR.  
Address P. O. BOX 536456  
City-State-Zip: ORLANDO FL 32853

Title SECT  
Name DOVGALA, KATY PHD  
Address P. O. BOX 536456  
City-State-Zip: ORLANDO FL 32853

Title TREASURER  
Name DOUGHTERY, KRISTIANN DR.  
Address P. O. BOX 536456  
City-State-Zip: ORLANDO FL 32853

Title VP  
Name GENETTI, AUGUST H II  
Address P. O. BOX 536456  
City-State-Zip: ORLANDO FL 32853

Title ASST. SECRETARY/ ADMINISTRATOR  
Name HOLLINGSWORTH, REBECCA L  
Address P. O. BOX 536456  
City-State-Zip: ORLANDO FL 32853

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** REBECCA L HOLLINGSWORTH

**ASST. SECRETARY  
ADMINISTRATOR**

04/21/2014

Electronic Signature of Signing Officer/Director Detail

Date