

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001951

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

04/04/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title MS.
Name GENETTI, MARIANNE
Address 1412 1/2 E. CONCORD STREET
City-State-Zip: ORLANDO FL 32803

Title SECT
Name SHUMAKER, LORRAINE
Address 5395 L.B. MCLEOD RD.
City-State-Zip: ORLANDO FL 32811

Title MEM
Name MILLER, TODD
Address 8713 SUMMERVILLE PLACE
City-State-Zip: ORLANDO FL 32819

Title MEM
Name CANNATELLA, BIANCA
Address 8054 EXCALIBUR COURT
City-State-Zip: ORLANDO FL 32822

Title MEM
Name PENDLETON, JAMES
Address 3329 QUEEN PALM DRIVE
City-State-Zip: EDGEWATER FL 32141

Title VP
Name BERRY, ELLEN
Address 504 ADAMS GATE ROAD
City-State-Zip: WINSTON-SALEM NC 27107

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: MARIANNE GENETTI

EXECUTIVE DIRECTOR

04/04/2013

Electronic Signature of Signing Officer/Director Detail

Date