

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000022383

Entity Name: DIAGNOSYS (PINPOINT) INC.**Current Principal Place of Business:**5 LAN DRIVE
FLOOR 1
WESTFORD, MA 01886**Current Mailing Address:**5 LAN DRIVE
FLOOR 1
WESTFORD, MA 01886 US**FEI Number:** 80-0579010**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.
801 US HWY 1
N PALM BEACH, FL 33408 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title PRESIDENT & DIRECTOR
Name MULATO, JAMES
Address 130 COMMERCE WAY
City-State-Zip: EAST AURORA NY 14052Title DIRECTOR
Name GUNDERMANN, PETER
Address 130 COMMERCE WAY
City-State-Zip: EAST AURORA NY 14052Title CFO
Name LUCIANI, BERNARD E. JR.
Address 5 LAN DRIVE
 FLOOR 1
City-State-Zip: WESTFORD MA 01886Title DIRECTOR & SECRETARY
Name BURNEY, DAVID
Address 130 COMMERCE WAY
City-State-Zip: EAST AURORA NY 14052Title ASSISTANT SECRETARY
Name DAVIS, JULIE
Address 130 COMMERCE WAY
City-State-Zip: EAST AURORA NY 14052

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: JULIE DAVIS**ASSISTANT SECRETARY 02/03/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date