

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000022383

Entity Name: DIAGNOSYS (PINPOINT) INC.**Current Principal Place of Business:**808 NORTH HOAGLAND BOULEVARD
KISSIMMEE, FL 34741**Current Mailing Address:**808 NORTH HOAGLAND BOULEVARD
KISSIMMEE, FL 34741 US**FEI Number:** 80-0579010**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEBB, TIMOTHY C
808 NORTH HOAGLAND BOULEVARD
KISSIMMEE, FL 34741 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	DIR
Name	SMITH, ROBERT L
Address	SYSTEMS HOUSE, BEDFORD ROAD, HAMPSHIRE
City-State-Zip:	PETERSFIELD, GU32 3QH

Title	DIR
Name	HALES, KRIS
Address	5 LAN DRIVE
City-State-Zip:	WESTFORD MA 01886

Title	TRES
Name	HALES, KRIS
Address	5 LAN DRIVE
City-State-Zip:	WESTFORD MA 01886

Title	PRES
Name	WEBB, TIM
Address	808 NORTH HOAGLAND BOULEVARD
City-State-Zip:	KISSIMMEE FL 34741

Title	DIR
Name	MUSSON, GLENN
Address	SYSTEMS HOUSE, BEDFORD ROAD, HAMPSHIRE
City-State-Zip:	PETERSFIELD, GU32 3QH

Title	SECR
Name	BIANCHI, CARLOS J
Address	150 EAST 58TH STREET, 34TH FLOOR
City-State-Zip:	NEW YORK NY 10155

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: ROBERT SMITH**DIRECTOR****04/01/2014**

Electronic Signature of Signing Officer/Director Detail

Date