

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000002695

**FILED  
Mar 22, 2017  
Secretary of State  
CC2984631686**

**Entity Name:** DIAGNOSTIC EQUIPMENT SERVICE CORPORATION

**Current Principal Place of Business:**

124 MAIN STREET  
NORFOLK, MA 02056

**Current Mailing Address:**

P.O. BOX 303  
NORFOLK, MA 02056 US

**FEI Number: 04-2559700**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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            PRES  
Name            CECCA, EILEEN C  
Address        124 MAIN STREET  
City-State-Zip: NORFOLK MA 02056

Title            TRS  
Name            ZITO, MATTHEW A COO  
Address        5 HILLCREST STREET  
City-State-Zip: DUDLEY MA 01571

Title            SEC  
Name            CECCA, EILEEN C  
Address        124 MAIN STREET  
City-State-Zip: NORFOLK MA 02056

Title            DIR  
Name            CECCA, EILEEN C  
Address        124 MAIN STREET  
City-State-Zip: NORFOLK MA 02056

Title            DIR  
Name            CECCA, ROBERT A  
Address        124 MAIN STREET  
City-State-Zip: NORFOLK MA 02056

Title            CEO  
Name            BORDENCA, ANDREA L  
Address        124 MAIN STREET  
City-State-Zip: NORFOLK MA 02056

*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: MATTHEW A ZITO**

**COO**

**03/22/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date