DOCUMENT# F0800000334

Entity Name: DSD LABORATORIES, INC.

### **Current Principal Place of Business:**

75 UNION AVE. SUDBURY, MA 01776

## **Current Mailing Address:**

75 UNION AVE. SUDBURY, MA 01776

## FEI Number: 04-2659094

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

GUERRERI, ANDREA R 450 ALTON ROAD UNIT 4003 MIAMI BEACH, FL 33139 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	: ANDREA R GUERRERI			03/16/2016	
	Electronic Signature of Registered Agent			Date	
Officer/Direc	ctor Detail :				
Title	CHRM	Title	TREASURER		
Name	GUERRERI, ANDREA R	Name	GURWITZ, MICHAEL H		
Address	450 ALTON ROAD, UNIT# 4003	Address	361 CENTRAL AVE		
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	NEEDHAM MA 02494		
Title	CFO	Title	S		
Name	GURWITZ, MICHAEL	Name	GUERRERI, STEPHEN J		
Address	75 UNION AVE.	Address	104 MOCKINGBIRD LANE		
City-State-Zip:	SUDBURY MA 01776	City-State-Zip:	CARY NC 27511		
Title	VP	Title	VP		
Name	EDWARDS, JOHN J	Name	HOTMAR, JEFFERY S		
Address	1218 WOODHILL COURT	Address	105 OCCOQUAN TURNING		
City-State-Zip:	MONTGOMERY AL 36109	City-State-Zip:	YORKTOWN VA 23693		
Title	DIRECTOR	Title	DIRECTOR		
Name	STARR-COLLINS, KRISTY	Name	FIORE, SUZANNE N		
Address	3821 SOUTHWESTERN ST.	Address	201 EAST 79TH ST.,APT 8J		
City-State-Zip:	HOUSTON TX 77005	City-State-Zip:	NEW YORK NY 10075		
			Continues on none C		

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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: MICHAEL H GURWITZ

TREASURER

03/16/2016

Electronic Signature of Signing Officer/Director Detail

FILED Mar 16, 2016 Secretary of State CC8568415982

Certificate of Status Desired: No

Date

#### **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	PRESIDENT
Name	GUERRERI, ANDREA R	Name	GUERRERI, ANDREA R
Address	450 ALTON RD., UNIT 4003	Address	450 ALTON RD., UNIT 4003
City-State-Zip:	MIAMI FL 33139	City-State-Zip:	MIAMA FL 33139