

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000005505

**Entity Name:** GENOPTIX, INC.**Current Principal Place of Business:**1811 ASTON AVENUE  
CARLSBAD, CA 92008**Current Mailing Address:**1811 ASTON AVENUE  
CARLSBAD, CA 92008**FEI Number:** 33-0840570**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE SERVICE COMPANY  
1201 HAYS STREET  
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            PRESIDENT  
Name            IYENGAR, M.D., VIJAY  
Address        1811 ASTON AVENUE  
City-State-Zip: CARLSBAD CA 92008

Title            DIRECTOR  
Name            STRIGINI, BRUNO  
Address        1811 ASTON AVENUE  
City-State-Zip: CARLSBAD CA 92008

Title            SECRETARY, VP, CCO, GC  
Name            KUHLEN, M.D., ESQ., CHRISTIAN V  
Address        1811 ASTON AVENUE  
City-State-Zip: CARLSBAD CA 92008

Title            VP, CFO  
Name            KUGELMAS, CAIO  
Address        1811 ASTON AVENUE  
City-State-Zip: CARLSBAD CA 92008

Title            DIRECTOR  
Name            KARSUNKY, ROBERT  
Address        1811 ASTON AVENUE  
City-State-Zip: CARLSBAD CA 92008

Title            DIRECTOR  
Name            MEHARA, UNEEK  
Address        1811 ASTON AVENUE  
City-State-Zip: CARLSBAD CA 92008

*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:** CHRISTIAN V. KUHLEN, M.D., ESQ.**SECRETARY****04/29/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date