

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002077

**Entity Name:** ACM MEDICAL LABORATORY, INC.**Current Principal Place of Business:**160 ELMGROVE PARK  
ROCHESTER, NY 14624**Current Mailing Address:**160 ELMGROVE PARK  
ROCHESTER, NY 14624**FEI Number:** 16-1059691**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PALZA DR  
SUITE A  
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 C  
Name RESNICK, ALAN  
Address 4213 ST PAUL BLVD  
City-State-Zip: ROCHESTER NY 14617

Title DT, PRESIDENT  
Name RAMACHANDRAN, GITA  
Address 160 ELMGROVE PARK  
City-State-Zip: ROCHESTER NY 14624

Title DIRECTOR  
Name FINEGAN, TERRENCE  
Address 2470 EAST AVE  
APT 407  
City-State-Zip: ROCHESTER NY 14610

Title DIRECTOR  
Name SMITH, JUSTIN  
Address 7647 MAIN STREET  
City-State-Zip: FISHERS NY 14564

Title DS  
Name BIEBER, ERIC  
Address 89 GENESEE STREET  
City-State-Zip: ROCHESTER NY 14611

Title D  
Name AUGUST, BOB  
Address 222 SHOREHAM DR  
City-State-Zip: ROCHESTER NY 14518

Title DIRECTOR  
Name PATTON, ELIZABETH V  
Address 4 FELLVIEW DRIVE  
City-State-Zip: PITTSFORD NY 14534

Title DIRECTOR  
Name SANDS, ROBERT  
Address 207 HIGH POINT DRIVE # 100  
City-State-Zip: VICTOR NY 14564

**Continues on page 2**

*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:** GITA RAMACHANDRAN

PRESIDENT

03/09/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	OPPENHEIMER, ROBERT ESQ.
Address	16 BROOKWOOD ROAD
City-State-Zip:	PITTSFORD NY 14534