

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000002414

Entity Name: DELINEO DIAGNOSTICS INC.**Current Principal Place of Business:**18525 NW HWY 335
WILLISTON, FL 32696**Current Mailing Address:**18525 NW HWY 335
WILLISTON, FL 32696 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NORM D. FUGATE P.A.
248 N.W. MAIN STREET
WILLISTON, FL 32696 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	CHAIRMAN
Name	HOGAN, JAMES
Address	2171 SUNNY ACRES DR
City-State-Zip:	SANTA CRUZ CA 95060

Title	TREASURER
Name	MIDDLEBROOKS, SCOTT
Address	ZWANENDREEF 22 2360 OUD- TURNHOUT
City-State-Zip:	BELGIUM

Title	DIR
Name	LEVIN, PETER
Address	711 CHESAPEAKE AVE
City-State-Zip:	SILVER SPRING MD 20910

Title	PSEC
Name	ONDRA, STEPHEN
Address	18525 NW HWY 335
City-State-Zip:	WILLISTON FL 32696

Title	DIR
Name	MILLER, DAVID
Address	1766 CHAPEL RIDGE CV
City-State-Zip:	CORDOVA TN 38016

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: STEPHEN ONDRA**PSEC****02/27/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date