

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000000572

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** INTEGRATED SYSTEM DIAGNOSTICS, INC.

**Current Principal Place of Business:**

889 SHORE ROAD  
POCASSET, MA 02559

**New Principal Place of Business:**

**Current Mailing Address:**

889 SHORE ROAD  
POCASSET, MA 02559

**New Mailing Address:**

**FEI Number:** 04-3236627

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SIMMONS, MICHAEL J  
3609B E 10TH AVE  
TAMPA, FL 33605 US

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

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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: MORIN, JOSEPH F  
Address: 889 SHORE ROAD  
City-St-Zip: POCASSET, MA 02559

Title: CTO  
Name: BYRNES, PAUL D  
Address: 1764 FRANKLIN CHASE  
City-St-Zip: HENDERSON, NV 89012

Title: T  
Name: SIMMONS, MICHAEL M  
Address: 3609B EAST 10TH AVENUE  
City-St-Zip: TAMPA, FL 33605

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: JOSEPH F. MORIN

CFO

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date