2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # F0300005599 1. Enlity Name VITAL DIAGNOSTICS, INC.				04-28-2008 90394 006 ***150.00			
Principal Plac	e of Business	Mailing Address					
27 WELLINGTON ROAD LINCOLN, RI 02865 LINCOLN, RI 02865							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04082008 Chg-P CR2E034 (12/06)			
City & State		City & State		4. FEI Number Applied 54-2091294 Not App			
Zip	Country		Country	5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent			
FLORIDA FILING & SEARCH SERVICES, INC. 155 OFFICE PLAZA DR.				Street Address (P O. Box Number is Not Acceptable)			
SUITE A TALLAHASSEE, FL 32301							
IALLANA	33EE, FL 32301		City	FL Zip Code			
 The above named entity submits this statement for the purpose of changing its registered office or registere the obligations of registered agent. 					ccept		
SIGNATURE.	Signature, ayoed or printed name of registered agent	and title if applicable (NOTE Re	eg stered Agent signature	(Pigured when rendslating) OATF	-		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	1		
TITLE	D 4	Delete			Addilion		
NAME	KIRK, RANDAL J		NAME Ç	Homan Tennyenhuis	100111011		
STREET ADDRESS	2 THURBER RD		STREET ADDRESS	en wellington Rd			
CITY-\$1-ZIP	SMITHFIELD, RI 02917			Lincoln, RI 02865			
NAME	T BALLANTYNE, C. EVAN	☐ Delete	NAME T	Doit L Koppler II	Addition		
STREET ADDRESS CITY-ST-ZIP	2 THURBER RD SMITHFIELD, RI 02917			Rad Gord, VA 24141			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier enter report is true and accurate and that my signature shall have the same fegal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusting empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

lennyeahus

14.04.08

Daytime Phone #