

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005599

Entity Name: VITAL DIAGNOSTICS, INC.

FILED  
May 14, 2012  
Secretary of State

## Current Principal Place of Business:

27 WELLINGTON ROAD  
LINCOLN, RI 02865

## New Principal Place of Business:

## Current Mailing Address:

27 WELLINGTON ROAD  
LINCOLN, RI 02865

## New Mailing Address:

FEI Number: 54-2091294

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLORIDA FILING & SEARCH SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 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: PD  
Name: TENNYENHUIS, ADRIAN  
Address: 27 WELLINGTON RD  
City-St-Zip: LINCOLN, RI 02865

Title: VTSD  
Name: KOPPLER II, DOIT L  
Address: 1881 GROVE AVE  
City-St-Zip: RADFORD, VA 24141

Title: D  
Name: FISHER, THEODORE J  
Address: 1881 GROVE AVE  
City-St-Zip: RADFORD, VA 24141

Title: COO  
Name: HARDESKY, JOHN  
Address: 27 WELLINGTON RD  
City-St-Zip: LINCOLN, RI 02865

Title: VP  
Name: MACKINNON, DIANE R  
Address: 27 WELLINGTON RD  
City-St-Zip: LINCOLN, RI 02865

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: DIANE R MACKINNON

VP

05/14/2012

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

\_\_\_\_\_  
Date