

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000005601

**FILED**  
**Oct 21, 2009**  
**Secretary of State**

**Entity Name:** NATIONAL DIAGNOSTICS, INC.

**Current Principal Place of Business:**

6407 IDLEWILD ROAD, SUITE 211  
CHARLOTTE, NC 28212

**New Principal Place of Business:**

**Current Mailing Address:**

6407 IDLEWILD ROAD, SUITE 211  
CHARLOTTE, NC 28212

**New Mailing Address:**

**FEI Number:** 56-1717132      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: BARBARA BURKE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**.

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: GREENE, DR. PHILLIP  
Address: 6407 IDLEWILD ROAD, SUITE 211  
City-St-Zip: CHARLOTTE, NC 28212

Title: CLOV ( ) Delete  
Name: STEWART, JERRY M  
Address: 6407 IDLEWILD ROAD, SUITE 211  
City-St-Zip: CHARLOTTE, NC 28212

Title: VP (X) Delete  
Name: SAIN, TODD  
Address: 6407 IDLEWILD ROAD, SUITE 211  
City-St-Zip: CHARLOTTE, NC 28212

Title: VP (X) Delete  
Name: GILES, FRED  
Address: 6407 IDLEWILD ROAD, SUITE 211  
City-St-Zip: CHARLOTTE, NC 28212

Title: VP (X) Delete  
Name: O'HARA, JOHN  
Address: 6407 IDLEWILD ROAD, SUITE 211  
City-St-Zip: CHARLOTTE, NC 28212

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: STEWART, JERRY M  
Address: 6407 IDLEWILD ROAD, SUITE 211  
City-St-Zip: CHARLOTTE, NC 28212

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JERRY STEWART

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

VPGC

10/21/2009

\_\_\_\_\_  
Date