

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005601

FILED  
Apr 17, 2012  
Secretary of State

Entity Name: NATIONAL DIAGNOSTICS, INC.

**Current Principal Place of Business:**

6407 IDLEWILD ROAD  
SUITE 200  
CHARLOTTE, NC 28212

**New Principal Place of Business:**

**Current Mailing Address:**

6407 IDLEWILD ROAD  
SUITE 200  
CHARLOTTE, NC 28212

**New Mailing Address:**

FEI Number: 56-1717132

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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: CEO  
Name: PETRULLO, MICHAEL  
Address: 6407 IDLEWILD ROAD SUITE 200  
City-St-Zip: CHARLOTTE, NC 28212

Title: VPS  
Name: FONTAINE, DAVID R  
Address: 6407 IDLEWILD ROAD SUITE 200  
City-St-Zip: CHARLOTTE, NC 28212

Title: CFO  
Name: MAYO, MARK  
Address: 6407 IDLEWILD ROAD SUITE 200  
City-St-Zip: CHARLOTTE, NC 28212

Title: VPAS  
Name: SIMMONS, KEITH R  
Address: 6407 IDLEWILD ROAD SUITE 200  
City-St-Zip: CHARLOTTE, NC 28212

Title: AS  
Name: FREEMAN, GREGG  
Address: 6407 IDLEWILD ROAD SUITE 200  
City-St-Zip: CHARLOTTE, NC 28212

Title: EC  
Name: CASEY, JAMES P  
Address: 6407 IDLEWILD ROAD SUITE 200  
City-St-Zip: CHARLOTTE, NC 28212

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: DAVID R. FONTAINE

VPS

04/17/2012

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

\_\_\_\_\_  
Date