2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State
01-22-2007 90085 008 ***158.75

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1. Entity Name
JOLI DIAGNOSTIC INCORPORATED

Principal Place of Business	Mailing Address
1348 NORTH FOREST ROAD WILLIAMSVILLE, NY 14221	1348 NORTH FOREST ROAD WILLIAMSVILLE, NY 14221

01032007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2451 WEHRLE DRIVE	2451 WEHRLE DRIVE
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: WILLIAMSVILLE, N.Y.	City & State: WILLIAMSVILLE, N.Y.
Zip: 14221 Country: U.S.A	Zip: 14221 Country: U.S.A

4. FEI Number: 16-1454895 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and date (if applicable) (NOTE: Registered Agent's signature required when not changing) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CHRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WIDJAJA, KUSUMA L MD		NAME		
STREET ADDRESS	J1. GANDARIA 1/4 5A		STREET ADDRESS		
CITY-ST-ZIP	JAKARTA SELATAN INDONESIA,		CITY-ST-ZIP		
TITLE	VCHR	☒ Delete	TITLE	VCHR	☐ Change ☒ Addition
NAME	TUOTA, AMIN M D,PHD		NAME	RIKO HINZWIDJAJA	
STREET ADDRESS	GLOCKEN STRASSE 24		STREET ADDRESS	GLOCKEN STRASSE 24	
CITY-ST-ZIP	4076 DUSSELDORF GERMANY,		CITY-ST-ZIP	4076 DUSSELDORF, GERMANY	
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROSSI, THOMAS M MD		NAME		
STREET ADDRESS	2 WOODCLIFF TERRACE		STREET ADDRESS		
CITY-ST-ZIP	FAIRPORT, NY 14450		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WANG, GLORIA MD		NAME		
STREET ADDRESS	8395 BLACK WALNUT STREET		STREET ADDRESS		
CITY-ST-ZIP	AMHERST, NY 14051		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	Lab. DIRECTOR; TREASURER	☒ Change ☐ Addition
NAME	TOOTA, AMIN MD		NAME	TJOTA, AMIN MD; Ph.D.	
STREET ADDRESS	1221 SOUTH 284TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FEDERAL WAY, WA 98003		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Amin Tjota AMIN TJOTA M.D., Ph.D. Jan/11/2007 (716)639-0443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #