

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90022 010 ***150.00

DOCUMENT # F06000003299

1. Entity Name

JOLI DIAGNOSTIC INCORPORATED



Principal Place of Business

2451 WEHRLE DR
WILLIAMSVILLE, NY 14221

Mailing Address

2451 WEHRLE DR
WILLIAMSVILLE, NY 14221

DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHRM
WIDJAJA, KUSUMA L MD
J1: GANDARIA 1/4 5A
JAKARTA SELATAN INDONESIA,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCHR
HINZWIDJAJA, RIKO
GLOCKEN STRASSE 24
4076 DUSSELDORF GERMANY,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ROSSI, THOMAS M MD
2 WOODCLIFF TERRACE
FAIRPORT, NY 14450

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WANG, GLORIA MD
8395 BLACK WALNUT STREET
AMHERST, NY 14051

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LDT
~~LOOTA~~ AMIN MD
1221 SOUTH 284TH STREET
FEDERAL WAY, WA 98003

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #