

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003299

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: JOLI DIAGNOSTIC INCORPORATED

## Current Principal Place of Business:

2451 WEHRLE DR  
WILLIAMSVILLE, NY 14221

## New Principal Place of Business:

## Current Mailing Address:

2451 WEHRLE DR  
WILLIAMSVILLE, NY 14221

## New Mailing Address:

2451 WEHRLE DRIVE  
WILLIAMSVILLE, NY 14221

FEI Number: 16-1454895

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CHRM ( ) Delete  
Name: WIDJAJA, KUSUMA L MD  
Address: J1: GANDARIA 1/4 5A  
City-St-Zip: JAKARTA SELATAN INDONESIA,

Title: VCHR ( ) Delete  
Name: HINZWIDJAJA, RIKO  
Address: GLOCKEN STRASSE 24  
City-St-Zip: 4076 DUSSELDORF GERMANY,

Title: SD ( ) Delete  
Name: ROSSI, THOMAS M MD  
Address: 2 WOODCLIFF TERRACE  
City-St-Zip: FAIRPORT, NY 14450

Title: P ( ) Delete  
Name: WANG, GLORIA MD  
Address: 8395 BLACK WALNUT STREET  
City-St-Zip: AMHERST, NY 14051

Title: LDT ( ) Delete  
Name: TJOTA, AMIN MD  
Address: 1221 SOUTH 284TH STREET  
City-St-Zip: FEDERAL WAY, WA 98003

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: AMIN TJOTA, M.D., PH.D.

LDT

01/06/2009

Electronic Signature of Signing Officer or Director

Date