
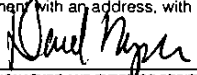


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90044 024 ***158.75

DOCUMENT # F06000006900 1. Entity Name CORRELAGEN DIAGNOSTICS, INC.					
Principal Place of Business 307 WAVERLEY OAKS RD. SUITE 101 WALTHAM, MA 02452			Mailing Address 307 WAVERLEY OAKS RD. SUITE 101 WALTHAM, MA 02452		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number = 04-3544215 APPLIED FOR	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC MARGULIES, DAVID M 59 PINE RIDGE RD. NEWTON, MA 02468 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAJZOU, JOSEPH A 12 HIGH MEADOW CIRCLE WELLESLEY, MA 02482 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date 4/4/08		Daytime Phone # 781-647-0604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT

40073103
F06000006900



**The Commonwealth of Massachusetts
William Francis Galvin**

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

Detail Record - Display Page

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40073103

F06000006900

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The Commonwealth of Massachusetts William Francis Galvin

Minimum Fee: \$100.00

Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512
Telephone: (617) 727-9640

Annual Report

(General Laws, Chapter 156D, Section 16.22; 950 CMR 113.57)

Federal Employer Identification Number: 043544215 (must be 9 digits)

1. Exact name of the corporation: CORRELAGEN DIAGNOSTICS, INC.

2. Jurisdiction of Incorporation: State: MA Country:

3,4. Street address of the corporation registered office in the commonwealth and the name of the registered agent at that office:

Name: DAVID M. MARGULIES

No. and Street: 222 THIRD STREET

SUITE 1100

City or Town: CAMBRIDGE State: MA Zip: 02142 Country: USA

5. Street address of the corporation's principal office:

No. and Street: 307 WAVERLEY OAKS RD.

SUITE 101

City or Town: WALTHAM State: MA Zip: 02452 Country: USA

6. Provide the name and addresses of the corporation's board of directors and its president, treasurer, secretary, and if different, its chief executive officer and chief financial officer.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
PRESIDENT	DAVID M. MARGULIES	59 PINE RIDGE RD., NEWTON, MA 02468 USA
TREASURER	DAVID M. MARGULIES	59 PINE RIDGE RD., NEWTON, MA 02468 USA
SECRETARY	DAVID M. MARGULIES	59 PINE RIDGE RD., NEWTON, MA 02468 USA
DIRECTOR	JOSEPH A. MAJZOUB	12 HIGHMEADOW CIR. WELLESLEY, MA 02482 USA
DIRECTOR	DAVID M. MARGULIES	59 PINE RIDGE RD., NEWTON, MA 02468 USA

7. Briefly describe the business of the corporation:

GENETIC TESTING FOR CLINICAL DIAGNOSTICS

8. Capital stock of each class and series:

ATTACHMENT

40073103

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Class of Stock	Par Value Per Share Enter 0 if no Par	Total Authorized by Articles of Organization or Amendments		Total Issued and Outstanding Num of Shares
		Num of Shares	Total Par Value	
CWP	\$0.00100	2,500,000	\$2,500.00	147,305
CWP	\$0.00100	200,000	\$200.00	14,882

9. Check here if the stock of the corporation is publicly traded: ☐

10. Report is filed for fiscal year ending: 12/31/ 2007

Signed by DAVID M. MARGULIES, its PRESIDENT
on this 10 Day of March, 2008