

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006900

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**Entity Name:** CORRELAGEN DIAGNOSTICS, INC.

**Current Principal Place of Business:**

307 WAVERLEY OAKS RD.  
SUITE 101  
WALTHAM, MA 02452

**New Principal Place of Business:**

307 WAVERLEY OAKS RD.  
SUITE 101  
WALTHAM, MA 02452 US

**Current Mailing Address:**

307 WAVERLEY OAKS RD.  
SUITE 101  
WALTHAM, MA 02452

**New Mailing Address:**

307 WAVERLEY OAKS RD.  
SUITE 101  
WALTHAM, MA 02452 US

**FEI Number:** 04-3544215

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** PCTD  
**Name:** MARGULIES, DAVID M  
**Address:** 59 PINE RIDGE RD.  
**City-St-Zip:** NEWTON, MA 02468 US

**Title:** D  
**Name:** MAJZOUN, JOSEPH A  
**Address:** 12 HIGH MEADOW CIRCLE  
**City-St-Zip:** WELLESLEY, MA 02482 US

**Title:** D  
**Name:** ROSS, ANDREW L  
**Address:** 75 MYLES STANDISH ROAD  
**City-St-Zip:** WESTIN, MA 02493 US

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 M. MARGULIES

PCTD

03/29/2010

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

\_\_\_\_\_  
Date