

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002784

Entity Name: CARIS DIAGNOSTICS, INC.

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

8400 ESTERS BLVD., STE. 190
IRVING, TX 75063

New Principal Place of Business:

Current Mailing Address:

8400 ESTERS BLVD., STE. 190
IRVING, TX 75063

New Mailing Address:

FEI Number: 62-1637129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: CB () Delete
Name: HALBERT, DAVID
Address: 5215 NORTH O'CONNOR BLVD., STE. 2650
City-St-Zip: IRVING, TX 75039

Title: CEOP () Delete
Name: MARCUS, GAIL
Address: 8400 ESTERS BLVD., STE. 190
City-St-Zip: IRVING, TX 75063

Title: S () Delete
Name: FARR, RUSS
Address: 8400 ESTERS BLVD., STE. 190
City-St-Zip: IRVING, TX 75063

Title: T () Delete
Name: BEDGOOD, MARGARET
Address: 8400 ESTERS BLVD., STE. 190
City-St-Zip: IRVING, TX 75063

Title: D () Delete
Name: JOHANSEN, LOURIE
Address: 5215 NORTH O'CONNOR BLVD., STE. 2650
City-St-Zip: IRVING, TX 75039

Title: D () Delete
Name: POSTE, GEORGE
Address: 1001 S. MCALLISTER AVENUE
City-St-Zip: TEMPE, AZ 85287

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:

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: BILL MCLAUGHLIN

VP/C

04/25/2008

Electronic Signature of Signing Officer or Director

Date