

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004997

FILED
Apr 25, 2012
Secretary of State

Entity Name: WEIDMANN DIAGNOSTIC SOLUTIONS INC.

Current Principal Place of Business:

4701 CRUMP ROAD BUILDING A
LAKE HAMILTON, FL 33851

New Principal Place of Business:

Current Mailing Address:

PO BOX 407
3717 MEMORIAL DRIVE
ST. JOHNSBURY, VT 05819

New Mailing Address:

FEI Number: 06-2582360

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

OFFICERS AND DIRECTORS:

Title: C
Name: YANNUCCI, DEAN A
Address: 80 SOUTH MAIN STREET
City-St-Zip: HANOVER, NH 03755

Title: D
Name: GOOLGASIAN, JEFFREY
Address: 80 SOUTH MAIN STREET
City-St-Zip: HANOVER, NH 03755

Title: D
Name: TSCHUDI, DANIEL
Address: 80 SOUTH MAIN STREET
City-St-Zip: HANOVER, NH 03755

Title: P
Name: GOOLGASIAN, JEFFREY
Address: 80 SOUTH MAIN STREET
City-St-Zip: HANOVER, NH 03755

Title: VP
Name: COPELAND, III, MANTON
Address: 80 SOUTH MAIN STREET
City-St-Zip: HANOVER, NH 03755

Title: S
Name: WHEELER, JR, JAMES G
Address: 90 PROSPECT STREET PO BOX 99 ST
City-St-Zip: ST. JOHNSBURY, VT 05819

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: MANTON COPELAND, III

MR

04/25/2012

Electronic Signature of Signing Officer or Director

Date