

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003079

Entity Name: OXFORD IMMUNOTEC, INC.

FILED  
Jul 07, 2010  
Secretary of State

**Current Principal Place of Business:**

2 MOUNT ROYAL AVENUE, SUITE 100  
MARLBOROUGH, MA 01752

**New Principal Place of Business:**

**Current Mailing Address:**

2 MOUNT ROYAL AVENUE, SUITE 100  
MARLBOROUGH, MA 01752

**New Mailing Address:**

FEI Number: 20-8528566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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

**OFFICERS AND DIRECTORS:**

Title: C  
Name: SANBERG, RICHARD A  
Address: 2 MOUNT ROYAL AVENUE, SUITE 100  
City-St-Zip: MARLBOROUGH, MA 01752

Title: DP  
Name: WRIGHTON-SMITH, PETER  
Address: 2 MOUNT ROYAL AVENUE, SUITE 100  
City-St-Zip: MARLBOROUGH, MA 01752

Title: PVP  
Name: SCHROEDER, JEFF  
Address: 2 MOUNT ROYAL AVENUE, SUITE 100  
City-St-Zip: MARLBOROUGH, MA 01752

Title: ST  
Name: TURNER, SIMON  
Address: 2 MOUNT ROYAL AVENUE, SUITE 100  
City-St-Zip: MARLBOROUGH, MA 01752

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: SIMON TURNER

ST

07/07/2010

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

\_\_\_\_\_ Date