

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001654

FILED
Mar 30, 2011
Secretary of State

Entity Name: CARDIODX, INC.

Current Principal Place of Business:

2500 FABER PLACE
PALO ALTO, CA 94303

New Principal Place of Business:

Current Mailing Address:

2500 FABER PLACE
PALO ALTO, CA 94303

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORPORATING SERVICES, LTD.
1540 GLENWAY DRIVE
TALLAHASSEE, FL 32301 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: P
Name: LEVISON, DAVID
Address: 2500 FABER PLACE
City-St-Zip: PALO ALTO, CA 94303 US

Title: D
Name: LANGE, LOUIS
Address: 2500 FABER PLACE
City-St-Zip: PALO ALTO, CA 94303

Title: D
Name: BYERS, BROOK
Address: 2500 FABER PLACE
City-St-Zip: PALO ALTO, CA 94303 US

Title: D
Name: COHEN, FRED
Address: 2500 FABER PLACE
City-St-Zip: PALO ALTO, CA 94303 US

Title: D
Name: ENRIGHT, PATRICK
Address: 2500 FABER PLACE
City-St-Zip: PALO ALTO, CA 94303 US

Title: D
Name: PAPPAS, ARTHUR
Address: 2500 FABER PLACE
City-St-Zip: PALO ALTO, CA 94303 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 LEVISON

P

03/30/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date