

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002997

FILED
Apr 24, 2012
Secretary of State

Entity Name: ALMAC DIAGNOSTIC LIMITED CORPORATION

Current Principal Place of Business:

20 SEAGOE INDUSTRIAL ESTATE
CRAIGAVON, BT63 5QD
N. IRELAND, UNITED KINGDOM, OC

New Principal Place of Business:

20 SEAGOE INDUSTRIAL ESTATE
CRAIGAVON, BT63 5QD
N. IRELAND, UNITED KINGDOM, NA OC

Current Mailing Address:

20 SEAGOE INDUSTRIAL ESTATE
CRAIGAVON, BT63 5QD
N. IRELAND, UNITED KINGDOM, OC

New Mailing Address:

20 SEAGOE INDUSTRIAL ESTATE
CRAIGAVON, BT63 5QD
N. IRELAND, UNITED KINGDOM, NA OC

FEI Number: 98-1010779

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

OFFICERS AND DIRECTORS:

Title: D
Name: ARMSTRONG, ALAN
Address: 20 SEAGOE INDUSTRIAL ESTATE, CRAIGAVON
City-St-Zip: N. IRELAND, UNITED KINGDOM, BT63 5QD OC

Title: D/S
Name: HAYBURN, COLIN
Address: 20 SEAGOE INDUSTRIAL ESTATE, CRAIGAVON
City-St-Zip: N. IRELAND, UNITED KINGDOM, BT63 5QD OC

Title: P/D
Name: HARKIN, PAUL
Address: 19 SEAGOE INDUSTRIAL ESTATE, CRAIGAVON
City-St-Zip: N. IRELAND, UNITED KINGDOM, BT63 5QD OC

Title: S
Name: STEPHENS, KEVIN
Address: 20 SEAGOE INDUSTRIAL ESTATE, CRAIGAVON
City-St-Zip: N. IRELAND, UNITED KINGDOM, BT63 5QD OC

Title: D
Name: JOHNSTON, PATRICK
Address: 19 SEAGOE INDUSTRIAL ESTATE, CRAIGAVON
City-St-Zip: N. IRELAND, UNITED KINGDOM, BT63 5QD OC

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: COLIN HAYBURN

D

04/24/2012

Electronic Signature of Signing Officer or Director

_____ Date