

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003612

Entity Name: ITXM DIAGNOSTICS, INC

FILED  
Apr 18, 2012  
Secretary of State

**Current Principal Place of Business:**

3636 BOULEVARD OF THE ALLIES  
PITTSBURGH, PA 15213

**New Principal Place of Business:**

**Current Mailing Address:**

3636 BOULEVARD OF THE ALLIES  
PITTSBURGH, PA 15213

**New Mailing Address:**

FEI Number: 03-0497690

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COVERT, JAMES  
KEYSTONE MKTG ASSOC, LLC  
2647 NELSON CT  
WESTON, FL 33332 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: COVERT, JAMES P  
Address: 875 GREENTREE RD, FIVE PARKWAY CENTER  
City-St-Zip: PITTSBURGH, PA 15220

Title: VP  
Name: BONTEMPO, FRANKLIN A MD  
Address: 3636 BOULEVARD OF THE ALLIES  
City-St-Zip: PITTSBURGH, PA 15213

Title: ST  
Name: GIAQUINTO, MARK J  
Address: 875 GREENTREE RD, FIVE PARKWAY CENTER  
City-St-Zip: PITTSBURGH, PA 15213

Title: D  
Name: CORTESE-HASSETT, ANDREA  
Address: 3636 BOULEVARD OF THE ALLIES  
City-St-Zip: PITTSBURGH, PA 15213

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: MARK GIAQUINTO

ST

04/18/2012

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

\_\_\_\_\_  
Date