2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2007 8:00 am
Secretary of State

05-07-2007 90055 025 ****61.25

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1st MOORE CR2E037 (10/06)

DOCUMENT # N06000001951

1. Entity Name

IN NEED OF DIAGNOSIS, INC.

Principal Place of Business	Mailing Address
1412 1/2 E. CONCORD STREET ORLANDO FL 32803 US	P. O. BOX 536456 ORLANDO FL 32853 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 13-4321652 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GENETTI, MARIANNE 1412 1/2 E. CONCORD STREET ORLANDO FL 32803	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Marianne Genetti 4/24/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GENETTI, MARIANNE	NAME	
STREET ADDRESS	1412 1/2 E. CONCORD STREET	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MUTHYALA, RAMAIAH	NAME	
STREET ADDRESS	699 APACHE LANE	STREET ADDRESS	
CITY-ST-ZIP	MENDOLA HEIGHTS MN 55120	CITY-ST-ZIP	
TITLE	V ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HOLZENDORF, RAYMOND	NAME	
STREET ADDRESS	5049 SHALE RIDGE TRAIL	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32818	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BYLOTT, AUDREY	NAME	
STREET ADDRESS	8297 CHAMPIONS GATE BLVD STE 325	STREET ADDRESS	
CITY-ST-ZIP	CHAMPIONS GATE FL 33896	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MAGILL, PATRICK M ESQ	NAME	
STREET ADDRESS	1234 E CONCORD ST	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DUERR, MOLLIE	NAME	
STREET ADDRESS	P.O. BOX 617586	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32861	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marianne Genetti 4/24/07 4078987461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #