# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000001951

Entity Name: IN NEED OF DIAGNOSIS, INC.

**FILED** Mar 13, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1412 1/2 E. CONCORD STREET ORLANDO, FL 32803

**Current Mailing Address: New Mailing Address:** 

P. O. BOX 536456

ORLANDO, FL 32853 US

FEI Number: 13-4321652 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GENETTI, MARIANNE 1412 1/2 E. CONCORD STREET ORLANDO, FL 32803

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

#### **OFFICERS AND DIRECTORS:**

(X) Change ( ) Addition

() Delete GENETTI, MARIANNE GENETTI, MARIANNE Name: Name:

1412 1/2 E. CONCORD STREET Address: 1412 1/2 E. CONCORD STREET Address:

City-St-Zip: ORLANDO, FL 32803 US City-St-Zip: ORLANDO, FL 32803 US

(X) Change ( ) Addition Title: Title: ( ) Delete

MUTHYALA, RAMAIAH Name: SHUMAKER, LORRAINE Name: Address: 699 APACHE LANE Address: 5395 L.B. MCLEOD RD.

City-St-Zip: MENDOLA HEIGHTS, MN 55120 US City-St-Zip: ORLANDO, FL 32811 US

Title: () Delete Title: (X) Change ( ) Addition HOLZENDORF, RAYMOND FREDERICK, CHARMAINE Name: Name: 5049 SHALE RIDGE TRAIL Address: Address: 1814 NEBRASKA STREET City-St-Zip: ORLANDO, FL 32818 US City-St-Zip: ORLANDO, FL 32803 US

Title: ( ) Delete Title: MS. (X) Change ( ) Addition

HOCHMAN, MARILYN ESQ. Name: BYLOTT, AUDREY Name: 8297 CHAMPIONS GATE BLVD STE 325 40 ALEXANDRIA BLVD., STE. 1030 Address: Address:

CHAMPIONS GATE, FL 33896 City-St-Zip: City-St-Zip: OVIEDO, FL 32765

Title: () Delete Title: (X) Change ( ) Addition

MAGILL, PATRICK M ESQ MILLER, PATRICIA Name: Name: 1234 E CONCORD ST 1514 NATURE COURT Address: Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: WINTER SPRINGS, FL 32703

Title: (X) Delete Title: () Change () Addition

DUERR. MOLLIE Name: Name: Address: P.O. BOX 617586 Address: ORLANDO, FL 32861 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIANNE GENETTI MS. 03/13/2009