2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2012
Secretary of State

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Entity Name: IN NEED OF DIAGNOSIS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 536456
ORLANDO, FL 32853 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

GENETTI, MARIANNE
1412 1/2 E. CONCORD STREET
ORLANDO, FL 32803 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: MS.
Name: GENETTI, MARIANNE
Address: 1412 1/2 E. CONCORD STREET
City-St-Zip: ORLANDO, FL 32803 US

Title: SECT
Name: SHUMAKER, LORRAINE
Address: 5395 L.B. MCLEOD RD.
City-St-Zip: ORLANDO, FL 32811 US

Title: MEM
Name: MILLER, TODD
Address: 8713 SUMMERVILLE PLACE
City-St-Zip: ORLANDO, FL 32819 US

Title: MEM
Name: CANNATELLA, BIANCA
Address: 8054 EXCALIBUR COURT
City-St-Zip: ORLANDO, FL 32822

Title: MEM
Name: PENDLETON, JAMES
Address: 3329 QUEEN PALM DRIVE
City-St-Zip: EDGEWATER, FL 32141

Title: VP
Name: BERRY, ELLEN
Address: 504 ADAMS GATE ROAD
City-St-Zip: WINSTON-SALEM, NC 27107

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIANNE GENETTI PRES 04/10/2012

Electronic Signature of Signing Officer or Director Date