

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 21, 2011
Secretary of State

DOCUMENT# N10000002254

Entity Name: THE CENTER OF EXCELLENCE IN DIAGNOSIMETRICS, INC.**Current Principal Place of Business:**37848 BOUGAINVILLE AVE.
DADE CITY, FL 33525**New Principal Place of Business:**6401 BIRMINGHAM AVE.
ZEPHYRHILLS, FL 33542**Current Mailing Address:**37848 BOUGAINVILLE AVE.
DADE CITY, FL 33525**New Mailing Address:**6401 BIRMINGHAM AVE.
ZEPHYRHILLS, FL 33542**FEI Number:** 27-2062634**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BUCKRIDGE, THOMAS W
6401 BIRMINGHAM AVE
ZEPHYRHILLS, FL 33542 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: CD
Name: ALAVA, GALO E M.D.
Address: 6401 BIRMINGHAM AVE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: VD
Name: OSPINA-KAMMERER, VERONIKA PH.D.
Address: 6401 BIRMINGHAM AVE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: DST
Name: VICAS, ASTRID PH.D.
Address: 6401 BIRMINGHAM AVE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: D
Name: CAMPION, PATRICIA PH.D.
Address: 6401 BIRMINGHAM AVE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: D
Name: VAN OLPHEN, MARCELA PH.D.
Address: 6401 BIRMINGHAM AVE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: D
Name: WADDELL, RHONDDA PH.D.
Address: 6401 BIRMINGHAM AVE
City-St-Zip: ZEPHYRHILLS, FL 33542

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: GALO E. ALAVA, M.D.

CD

09/21/2011

Electronic Signature of Signing Officer or Director

Date