


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P02000089210</b><br>1. Entity Name<br><b>MID STATE DIAGNOSTICS INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>22163 SW EDGEWATER BLVD<br/>DUNNELLON, FL 34431</b> | Mailing Address<br><b>22163 SW EDGEWATER BLVD<br/>DUNNELLON, FL 34431</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01152006 No Chg-P CR2E034 (11/05)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>02-0644648</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |   |
|---|---|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b> |
|---|---|

**6. Name and Address of Current Registered Agent**

**AURIEMMA, ANGELINE  
22163 SW EDGEWATER BLVD  
DUNNELLON, FL 34431**

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**1000000390678  
01/24/06-80007-022 150.00**

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>AURIEMMA, ANGELINE<br/>22163 SW EDGEWATER BLVD<br/>DUNNELLON, FL 34431</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exceptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **ANGELINE D. AURIEMMA (352)  
465-3597**  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **01/13/06** Date Daytime Phone #