## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000078150

Entity Name: VISTA CLINICAL DIAGNOSTICS, INC.

FILED Jan 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 305 HWY 27 NORTH STE. C. MINNEOLA, FL 34755 US **New Mailing Address: Current Mailing Address:** 305 HWY 27 NORTH STE. C MINNEOLA, FL 34715 US FEI Number: 26-0070193 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: SANTANA, DAVIAN S PRES. 305 HWY 27 NORTH STE. C MINNEOLA, FL 34715 US 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PRES ( ) Delete Title: () Change () Addition SANTANA, DAVIAN S Name: 305 HWY 27 NORTH, STE. C. Address: City-St-Zip: MINNEOLA, FL 34715 US City-St-Zip: Title: VΡ () Delete Title: () Change () Addition HAWKINS, NATHAN Name: Name:

Title: Name: Address:

305 HWY 27 NORTH, STE. C. Address: Address: MINNEOLA, FL 34715 US 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVIAN S SANTANA **PRES** 01/16/2009