

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000050538

FILED  
Mar 24, 2010  
Secretary of State

Entity Name: DIAGNOSTIC MEDICAL TESTING, INC.

## Current Principal Place of Business:

1212 S. HIGHLAND AVE  
CLEARWATER, FL 33756

## New Principal Place of Business:

2435 US HWY  
SUITE 210  
HOLIDAY, FL 34691

## Current Mailing Address:

1212 S. HIGHLAND AVE  
CLEARWATER, FL 33756

## New Mailing Address:

2435 US HWY  
SUITE 210  
HOLIDAY, FL 34691

FEI Number: 20-4681980

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CROXTON, ANTHONY O  
969 OAKVIEW ROAD  
TARPON SPRINGS, FL 34689 US

## Name and Address of New Registered Agent:

CROXTON, ANTHONY O OWNER  
969 OAKVIEW ROAD  
TARPON SPRINGS, FL 34689 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: ANTHONY CROXTON

03/24/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES  
Name: CROXTON, ANTHONY O OWNER  
Address: 969 OAKVIEW ROAD  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SEC  
Name: CROXTON, ANTHONY O  
Address: 969 OAKVIEW ROAD  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: TRES  
Name: CROXTON, ANTHONY O  
Address: 969 OAKVIEW ROAD  
City-St-Zip: TARPON SPRINGS, FL 34691

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

SIGNATURE: ANTHONY CROXTON

PRES

03/24/2010

Electronic Signature of Signing Officer or Director

Date