2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2011
Secretary of State

DOCUMENT# P06000050538

Entity Name: DIAGNOSTIC MEDICAL TESTING, INC.

Current Principal Place of Business:

2435 US HWY
SUITE 210
HOLIDAY, FL 34691

New Principal Place of Business:

2435 US HWY 19
SUITE 210
HOLIDAY, FL 34691

Current Mailing Address:

2435 US HWY
SUITE 210
HOLIDAY, FL 34691

New Mailing Address:

2435 US HWY 19
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 OWNER
969 OAKVIEW ROAD
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

CROXTON, ANTHONY O SR
2435 US HWY 19
SUITE 210
HOLIDAY, FL 34691 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 04/08/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: CROXTON, ANTHONY O SR
Address: 2435 US HWY 19 SUITE 210
City-St-Zip: HOLIDAY, FL 34691

Title: SEC
Name: CROXTON, ANTHONY O SR
Address: 2435 US HWY 19 SUITE 210
City-St-Zip: HOLIDAY, FL 34691

Title: TRES
Name: CROXTON, ANTHONY O SR
Address: 2435 US HWY 19 SUITE 210
City-St-Zip: HOLIDAY, 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 04/08/2011
Electronic Signature of Signing Officer or Director Date