# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 21, 2012**
**Secretary of State**

DOCUMENT# P06000050538

**Entity Name:** DIAGNOSTIC MEDICAL TESTING, INC.

**Current Principal Place of Business:**

2435 US HWY 19
SUITE 210
HOLIDAY, FL 34691

**New Principal Place of Business:**

2435 US HWY 19
SUITE 210
HOLIDAY, FL 34691 US

**Current Mailing Address:**

2435 US HWY 19
SUITE 210
HOLIDAY, FL 34691

**New Mailing Address:**

2435 US HWY 19
SUITE 210
HOLIDAY, FL 34691 US

**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 SR
2435 US HWY 19
SUITE 210
HOLIDAY, FL 34691 US

**Name and Address of New Registered Agent:**

CROXTON, ANTHONY O
2435 US HWY 19
SUITE 250
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 03/21/2012
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PRES
Name: CROXTON, ANTHONY O
Address: 2435 US HWY 19 SUITE 250
City-St-Zip: HOLIDAY, FL 34691 US

Title: SEC
Name: CROXTON, ANTHONY O
Address: 2435 US HWY 19 SUITE 250
City-St-Zip: HOLIDAY, FL 34691 US

Title: TRES
Name: CROXTON, ANTHONY O
Address: 2435 US HWY 19 SUITE 250
City-St-Zip: HOLIDAY, FL 34691 US

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 03/21/2012
Electronic Signature of Signing Officer or Director Date