

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000072155

FILED
Mar 06, 2012
Secretary of State

Entity Name: VASCULAR DIAGNOSTICS, INC.

Current Principal Place of Business:

413 SNOW DR
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

413 SNOW DR
FT. MYERS, FL 33919

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGNANT, JOSEPH G M.D.
413 SNOW DR
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: MAGNANT, JOSEPH G M.D.
Address: 413 SNOW DR
City-St-Zip: FT. MYERS, FL 33919

Title: SEC
Name: MAGNANT, JOSEPH G M.D.
Address: 413 SNOW DR
City-St-Zip: FT. MYERS, FL 33919

Title: TREA
Name: MAGNANT, JOSEPH G M.D.
Address: 413 SNOW DR
City-St-Zip: FT. MYERS, FL 33919

Title: DIR
Name: MAGNANT, JOSEPH G M.D.
Address: 413 SNOW DR
City-St-Zip: FT. MYERS, FL 33919

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: JOSEPH G MAGNANT M.D.

PRES

03/06/2012

Electronic Signature of Signing Officer or Director

Date