

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000092784

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** HOPE OF LIFE DIAGNOSTICS CORP

**Current Principal Place of Business:**

1823 S.W 15TH PLACE  
CAPE CORAL, FL 33991 US

**New Principal Place of Business:**

**Current Mailing Address:**

1823 S.W 15TH PLACE  
CAPE CORAL, FL 33991 US

**New Mailing Address:**

**FEI Number:** 27-1306155

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARIN, MARLENE  
2665 CLEVELAND AVE.  
107  
FT.MYERS, FL 33901 US

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

MARIN, MARLENE  
1823 S.W 15TH PLACE  
CAPE CORAL, FL 33991 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:** MARLENE MARIN

04/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MARIN, MARLENE  
**Address:** 1823 S.W 15TH PLACE  
**City-St-Zip:** CAPE CORAL, FL 33991 US

**Title:** VP  
**Name:** PEREZ, FRANCISCO  
**Address:** 1823 S.W 15TH PLACE  
**City-St-Zip:** CAPE CORAL, FL 33991 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:** MARLENE MARIN

P

04/23/2012

Electronic Signature of Signing Officer or Director

Date