

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000021953

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** DIAGNOSYS (CUSTOMER SUPPORT) INC.

**Current Principal Place of Business:**

808 NORTH HOAGLAND BOULEVARD  
KISSIMMEE, FL 34741 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BIANCHI, 150 E. 58TH ST.,  
34TH FLOOR  
NEW YORK, NY 10155 US

**New Mailing Address:**

808 NORTH HOAGLAND BOULEVARD  
KISSIMMEE, FL 34741 US

**FEI Number:** 01-0960197

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEBB, TIMOTHY C  
808 NORTH HOAGLAND BOULEVARD  
KISSIMMEE, FL 34741 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: DIR  
Name: SMITH, ROBERT L  
Address: 808 NORTH HOAGLAND BOULEVARD  
City-St-Zip: KISSIMMEE, FL 34741

Title: PRES  
Name: WEBB, TIM  
Address: 808 NORTH HOAGLAND BOULEVARD  
City-St-Zip: KISSIMMEE, FL 34741 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: TIM WEBB

PRES

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date