



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90023 035 \*\*\*150.00

<b>DOCUMENT # P96000091946</b> 1. Entity Name <b>FLEXSITE DIAGNOSTICS, INC.</b>					
Principal Place of Business <b>3543 SW CORP PKWY PALM CITY, FL 34990 US</b>			Mailing Address <b>3543 SW CORP PKWY PALM CITY, FL 34990 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>65-0756759</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01172004    Chg-P    CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>RAY, ROBERT A 3543 SW CORP PKWY PALM CITY, FL 34990</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>MARTIN, SAM</b> <input checked="" type="checkbox"/> Delete <b>4945 SW BIMINI CIRCLE SOUTH PALM CITY, FL 34990</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>RAY, ROBERT</b> <input type="checkbox"/> Delete <b>815 SW RUSTIC CIRCLE STUART, FL 34997</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President / CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4600 S.W. Deer Run Ave Greeshobee, FL 34904</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>FIELDER, RICH</b> <input type="checkbox"/> Delete <b>12015 BREWSTER DRIVE TAMPA, FL 33626</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8211 Compton Way Melbourne, FL 32940</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>FREEMAN, MARY</b> <input type="checkbox"/> Delete <b>1995 SW MARTIN HWY PALM CITY, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>FREEMAN, GARY</b> <input type="checkbox"/> Delete <b>1995 SW MARTIN HWY PALM CITY, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BLACK, LENNOX K.</b> <input type="checkbox"/> Delete <b>630 W. GERMANTOWN PIKE, SUITE 461 PLYMOUTH MEETING, PA 19462</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>155 S. Limerick Limerick, PA 19468</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					