

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000091946

Entity Name: FLEXSITE DIAGNOSTICS, INC.

FILED  
Jul 10, 2009  
Secretary of State

## Current Principal Place of Business:

3543 SW CORP PKWY  
PALM CITY, FL 34990 US

## New Principal Place of Business:

3541 SW CORP PKWY  
PALM CITY, FL 34990 US

## Current Mailing Address:

3543 SW CORP PKWY  
PALM CITY, FL 34990 US

## New Mailing Address:

3541 SW CORP PKWY  
PALM CITY, FL 34990 US

FEI Number: 65-0756759

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAY, ROBERT A  
3543 SW CORP PKWY  
PALM CITY, FL 34990 US

## Name and Address of New Registered Agent:

RAY, ROBERT A  
3541 SW CORP PKWY  
PALM CITY, FL 34990 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: ROBERT A. RAY

07/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: RAY, ROBERT  
Address: 4600 SW DEER RUN AVE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: D ( ) Delete  
Name: FIELDER, RICH  
Address: 8211 COMPTON WAY  
City-St-Zip: MELBOURNE, FL 32940

Title: D ( ) Delete  
Name: FREEMAN, MARY  
Address: 1995 SW MARTIN HWY  
City-St-Zip: PALM CITY, FL

Title: D ( ) Delete  
Name: FREEMAN, GARY  
Address: 1995 SW MARTIN HWY  
City-St-Zip: PALM CITY, FL

Title: D ( ) Delete  
Name: BLACK, LENNOX K.  
Address: 155 S LIMERICK  
City-St-Zip: LIMERICK, PA 19468

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition  
Name: RAY, ROBERT A  
Address: 4600 SW DEER RUN AVE  
City-St-Zip: OKEECHOBEE, FL 34974

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT A. RAY

CEO

07/10/2009

Electronic Signature of Signing Officer or Director

Date